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MONTHLY JOURNAL OF MEDICINE

JAMES E. GROSS, M. D.
CH. GATCHELL, M. D. } Editors

BOSTON MEDICAL
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Aug. 1886—Dec. 1887

CHICAGO
GROSS & DELBRIDGE
48 MADISON STREET
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THE MEDICAL ERA.

CHICAGO, JANUARY, 1887.

JAMES E. GROSS, M.D., } *Editors.*
CH. GATCHELL, M.D., }

1887.

THE MEDICAL ERA sends greeting to its numerous readers, with all the compliments of the season. We wish you as much health as you can enjoy, as much wealth as you may earn, and as much happiness as you deserve.

Furthermore, we present for your consideration the following series of

GOOD RESOLUTIONS.

WHEREAS: There is a demand for just such a journal as we know how to publish; therefore, be it

Resolved: That we will publish just such a journal to supply the demand; and

Resolved: That it will contain original articles from the ablest writers in our profession; and

Resolved: That it will contain correspondence on matters medical from all important points in the world; and

Resolved: That it will give practical points from the lectures in all the medical colleges in the land; and

Resolved: That it will contain all important news items of general interest to the profession; and

Resolved: That it will give all the latest developments in medical science, from whatever source they may come; and

Resolved: That it will uphold the hands of those who are laboring to further develop and perfect the homœopathic materia medica; and

Resolved: That it will pursue an independent course, uninfluenced by what one may think, or another may say; and

Resolved: That it will show partiality for genius, but no sympathy for cranks; and

Resolved: That others may follow, but THE MEDICAL ERA will lead.

ALVAN EDMOND SMALL, M. D.

Calm and peaceful, with the close of the old year, his life went out. Honored for his long life of probity, and loved for his many virtues, he was ever held in the highest esteem.

Words of praise cannot be wasted in speaking of Dr. Small. He was kind-hearted, he was generous, he was noble, he was good, and in his relations with his fellow-men his record is so clear that it might well be taken as an example for others to follow. He had no creed but honesty, no ethics but kindness. His numerous friends will remember him with tenderness, with love, and with respect.

His record in the profession was worthy such a man. Homœopathy owes him a debt of gratitude that can never be canceled. Thousands of physicians, and tens of thousands of patients, are reaping the fruits of that which this man helped to plant. Before the younger members of the present generation of physicians were born Dr. Small was laboring to popularize the then unpopular cause, and thus is his name inseparably connected with the rise of homœopathy in America, and it will be so preserved in the history of our school. As a practitioner, a teacher and a writer he occupied a distinguished position. He had already made for himself an enviable reputation in the East, when, in 1856, he was called to Chicago to become a professor in the Hahnemann Medical College of this city, and his professional record is a part of the history of this institution, which he served so long and so well, at the time of his death being President of the College. He has also been honored by the position of president of the Illinois Homœopathic Medical Association and of the American Institute of Homœopathy.

The profession of Chicago united in doing homage to their late colleague, and after impressive ceremonies at the Church of the New Jerusalem, of which Dr. Small had long been an earnest member, they followed him to his last resting-place; and, though the occasion was a sad one, none but the kindest memories will linger in the minds of those who knew him so well, and knew him but to love him.

LUNGS AND BRAIN.

It must be admitted that the progress that is being made in *surgery*, is much greater than that of which *medicine* can boast. Operations are successfully performed to-day that, but a few years ago, were considered to be extra-hazardous, and, in many cases, necessarily fatal. The record in all major operations is markedly improved, while new ones are being continually added to the list. The abdominal cavity is not so intolerant of interference as has long been supposed, and it may now be invaded with an impunity which would formerly have been considered criminal. Kidneys are extirpated, eyes are transplanted, intestines are resected, and various organs are removed, with a facility that used to characterize far simpler operations.

The lungs and the brain are the latest organs that have been attacked by the surgeon's knife. In the present number of the Era will be found reports of two cases of excision of the lungs, the results, in both instances, being favorable. In the same issue we also give a report of a case of epilepsy which was cured by the removal of a tumor of the brain, the location of which was accurately determined, and its existence positively diagnosed, according to the laws governing cerebral localization. Dr. Victor Horsley reported three such cases at the meeting of the British Medical Association, and his paper marked one of the most important advances made of late years in the domain of surgery.

ORIGINAL ARTICLES.

A NEW STUDY OF BELLADONNA.

By A. W. WOODWARD, M. D.

CHICAGO.

Read before Chicago Academy Homœopathic Physicians and Surgeons, Nov 1886.

YOUR attention is called to the following provings of belladonna for the purpose of comparing the succession of effects it has produced upon a number of persons. While a considerable variety of symptoms are exhibited, it will be seen, though differing in these details, each proving is similar to the others in showing a disturbance of the same organ or function one after another. This uniform sequence of physiological effects suggests a feature of drug action that has been overlooked and will be found of great importance as a guide to its use in disease.

No. 1. Dr. Garrod took eleven grains of belladonna leaves in decoction. He first experienced *swimming in the head, intense nervousness,* palpitation of the heart, and rapid pulse, dryness of the mouth and throat.* Indistinctness of vision, dilatation of pupils, rapid flow of ideas, weakness of limbs and difficult articulation. Indistinct vision and dilated pupils lasted for two days. *Treatise on Poisons*, Taylor, p. 728.

No. 2 & 3. Two persons each swallowed a spoonful of extract. There was speedily developed *indistinctness of vision, tottering gait, delirium*, hallucinations and dilated pupils. *Ibid.*

No. 4. *11.* Frank took increasing doses of 1x dilution. After taking fifty drops in five minutes *had oppression of head as in commencing intoxication.* In fifteen minutes this had increased with a determination of blood to the head and *throbbing of bloodvessels within the skull.* Therewith occured a *profuse secretion of watery mucus from the nose and copions lachrymation.* (He was a catarrhal subject). The conjunctiva became injected and pupils dilated, his *head ached worse when moving. Cyclopœdia Drug Pathogenesy*, vol. I, p. 529.

No. 5. H. B. A healthy girl took 50 drops 1x dilution. In half an hour *she was dizzy as if intoxicated*, with a feeling as of a board before her forehead, her face was red, eyes sparkling as if full of tears, pupils dila-

* Italics are used in these provings to indicate disturbance of a new function.

ted, *the left one more than right.* These symptoms continued for two hours. *The headache was increased by stooping or moving.* (No new functions deranged until). Second day, complained of same headache increased by motion, dryness of throat, *seemingly in larynx*, had to *swallow frequently, voice hoarse*, and *coughs occasionally.* * * * *Ibid.*

No. 6. *10.* A minute dose of extract excited *pressive pains in left supra-orbital arch* with annoying *weakness of sight in the eye while writing*, and a feeling as if *eyelid was paralyzed*; right pupil entensively dilated, distant objects appeared clearer than those close by. In writing was obliged to close the affected eye to see the letters with the good one. While walking in open air in bright light, vision was weaker, frequently feeling as *if the eye filled with tears*, and of increased heat. *Ibid.*

No. 7. *6.* Schroff took 4 grs. 3x trit. atropine. No symptoms until evening. *Giddy confusion of head, alternating with excited fancy, great weakness of all the body*, and sometimes *tinnitus aurium.* Sleepless until 1 A. M. Then frightful dreams, objects of a round shape seemed elongated, the face of people appeared misshapened. On awaking, these phantasms still appear. The next morning the pupils of eyes were very large. About 10 A. M. this illusion ceased. *After his noon meal vomited his food.* * * * *Ibid.*

No. 8. (*A new proving*). C. S., medical student, took 15 drops 1x in water, pulse 72. Soon *throbbing pains in temples*, followed by piercing pains *through brain from temple to temple.* In twenty minutes face flushed. Twitching in muscles of right arm, *pulse 90, full and strong.* In one hour stiff neck, painful when moved. *Mouth dry, swallowing is painful.* Soon after darting pains in right leg when walking, increased headache and photophobia, after a lemonade, *cramping pains in stomach.* * * *

No. 9. *9.* Scheidtweiler took a morsel of extract. After three quarters hour *his hands swelled up* and became so dry *he could not lay hold of things without letting them fall*, and forthwith *there came an abundant foam into the mouth, and a headache that lasted for two days* There was great heat of face, his eyes were swollen and tearful. *Cyclopœdia Drug Pathogenesy*, vol. I, p. 529.

No. 10. Austic took 1½ grains of good extract at 11 P. M. About 4 A. M. he *wakened in a state of slight delirium*, his judgment was sound *but he could not rid his eyes of a legion of disgusting spectra of cockroaches.* Every object in the room both real and spectral had a double or dim outline, his *hands shook and trembled*, his pupils were dilated. This state continued about two hours and passed off leaving him *with a dry sensation in throat. Ibid.*

No. 11. Waltel took four grains of the dried root. An hour after *he staggered in his walk as if drunk*, experienced *giddiness, headache and drowsiness.* His face was remarkably red, his sight multiple and confused, and pupils much dilated, remarkable *dryness of throat* in spite of drinking water and chewing gum. He slept and awoke quite well. *Ibid.*

No. 12. H. M. Gray took a large dose of extract on account of prosopalgia. About an hour after he experienced first *vertigo* could not walk without staggering, eye-sight became dim, diplopia. *A strong effort of the will controls this in part.* The pupils were dilated, the eyes prominent, dry and brilliant, *the conjunctiva was injected*, the face red and turgid, temperature augmented. *Pulse full* 120 to 130. Fullness and throbbing in cerebral vessels as if ligatured. The condition of the throat next excited attention, *the ongue, mouth and fauces were dry; drinking gave no relief*, a constant desire to swallow finally excited *suffocating spasms of fauces and glottis.* A slight delirium ensued with a desire to be in constant motion. The intellectual operations were very vivid, his language and gesticulations became extravagant." * * * *Ibid*

No. 13. C. E. C. In good health took eight drops 4th dil. In half hour *sharp pains shooting from wrist along course of ulnar nerve to elbow. Dull aching in muscles in forearm. Dull, uneasy sensation all over the head.* In two hours *nausea* and headache increasing. * * * *Ibid.*

It is to be observed these experiments were made chiefly with medicinal doses. Let us briefly analyze their effects. In nine cases we find the first symptom was ocular vertigo, dim vision, diplopia or hallucinations, these bring primary and affecting an afferent nerve, we must conclude they arise from peripheral irritation.

Accepting this particular sequence tentatively, and assuming that it indicates the individuality of this drug; by the law of similars, whenever belladona is indicated in acute disease, we should find, besides the local affection, very decided concomitant symptoms involving

the skin, *and* cerebro-spinal nervous system, *and* respiratory or circulatory organs, *and* mouth, throat, stomach or bowels. The cutaneous, cerebral and spinal symptoms being most prominent after the local affection.

In confirmation of this rule, I wish briefly to indicate its application in particular forms of disease, and present a number of cases already published, that were cured by this remedy alone.

In primary affections of the sensory nerves and skin, visual disorders, neuralgias, headaches, hyperæsthesias or anæsthesias, belladonna is indicated when the affection is attended by great mental excitement, sleeplessness, sopor, delirium or coma, also marked paralytic debility or restlessness, jactitations, spasms or convulsions; respiratory or circulatory symptoms will be less prominent, and those of the mouth, throat, or stomach often absent.

In erysipelas and scarlatina simplex, the above indications hold true; the febrile disturbance being an index of the gravity of the nervous derangement, the throat symptoms being least important.

(*To be Concluded.*)

Compound Fractures.

GENERAL RULES FOR TREATMENT.

The question of amputation may require the best judgment of the experienced surgeon.

POINTS IN FAVOR OF THE OPERATION.

1. Crushing or tearing injury, rather than a fall, blow, etc.
2. Rupture of main artery, and conditions of collateral circulation.
3. Amount of hæmorrhage.
4. Condition of patient, whether the system would be able to stand the long drain of healing.
5. Shock, reaction, etc.

Treat the external wound antiseptically; remove all foreign matter, dirt, gravel, splinters, etc.; remove all detached pieces of bone in *comminuted* compound fractures; remove all soft tissues that are very badly crushed; wash with antiseptic solution (*Corrosive Sublimate*, 1:1,000; *Carbolic acid*, five per cent.); provide for free drainage; place the limb in a fracture box, or in a *fenestrated* fixed dressing.—*Key Notes.*

LEAVES FROM MY NOTE BOOK.

Sudden Thoughts Set Down For Profit.

By T. GRISWOLD COMSTOCK, M. D.

ST. LOUIS, MO.

The more perfect the physician is in science, the more adroi will he be in his art.

Bromine-water. — One part bromine to 100 parts distilled water. For use in diphtheria and membranous croup.

*

Liquor sarracenea purpurea; or, infusion of sarracenea, is specific in small-pox.—*N. E. Med. Gazette, Apl., '86, p. 156.*

*

Ozæna. — Apply locally *terebene.*

*

Heart disease. — If there is enlargement there may be either hypertrophy or dilatation. With hypertrophy there is increased impulse; with dilatation, a weakened impulse. Kidney diseases produce a lesion or disease of the *left* side of the heart, while emphysema of the lung produces disease of the *right* side. When the above-named causes are absent, then look for valvular disease.

*

Cancrum oris. — Use peroxide of hydrogen as a local application.

*

The heart is controlled by two sets of nerves:

1. Pneumogastric, which slows its action.
2. Sympathetic (thoracic ganglion), which increases its action.

*

Cardiac dropsy. — Use 2-grain doses of citrate of caffeine.

*

Angina faucium — is relieved by ether inhalations, or a spray applied directly to the tonsils.

*

Tonsilitis. — Tincture guaicum, applied locally.

*

Constipation. — Cascara sagrada, gtt. 15, *ter in die.*

*

Cold-made meat infusions. — Minced meat infused in cold water, to which add a few drops of muriatic acid, differs essentially from

beef tea, and so prepared contains in solution the albuminoids of the beef itself.

*

Infusions made by adding one pound of beef to half a pound of water, with the acid, and allowed to stand two hours, then strained through cloth, are rich in albumen, equal to what we find in milk; that is, the amount of proteid in it equals the proteid in milk.

*

Cold-made meat infusions keep badly. They may be improved by adding beef tea to them and flavoring them with lemon juice or a little wine; this takes away the raw-meat taste.

*

Tænia. — ℞. Croton oil one drop, dissolved in one drachm of chloroform, and give in an ounce of glycerine early in the morning. At bedtime give a mild laxative.

*

In Bright's disease there is danger of cardiac hypertrophy, amaurosis (neuro-retinitis), meningitis, pneumonia, pleuritis and uræmic convulsions. Coma is a very bad indication.

*

Dropsy is almost a necessary symptom of acute Bright's disease. More or less impairment of vision will also be present, which may be caused by urenæmia or ammonæmia. Nausea vomiting and anorexia are usually present. There may be intense pain in the back and along the ureter, with retraction of both testicles; also, delirium, nervous disturbances, cerebral symptoms and coma. Microscope will show casts corresponding to uriniferous tubules, epithelial casts containing blood globules, and also hyaline casts. Dropsy follows because the kidneys fail to eliminate watery part of the blood. Pulmonary œdema is liable suddenly to set in.

*

The brain acts as a whole, and no part of it can be discharging without altering the tension of other parts.

*

Neuralgia. — Locally apply mentholated camphor.

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Epilepsy. — Cambyses, son of Cyrus, King of Persia, Cæsar, Mahomet, Petrarch, Napoleon, Peter the Great, Byron and the Apostle Paul (so supposed by Canon Liddon), all had epilepsy

INDICATIONS FOR EXTIRPATION OF ENLARGED TONSILS.

By W. M. STEVENS, M. D.

CHICAGO.

Read before the Chicago Academy of Medicine, Dec. 18th, 1886.

IN presenting this paper it is not my purpose to give an exhaustive treatise on the well known malady Hypertrophy of the Tonsils, as this can be found in various works on throat diseases, and the internal treatment especially is more or less alluded to in our works on homœopathic therapeutics.

It is my disire, however, to call your attention briefly to the more serious results arising from chronic enlargement of these organs and endeavor to point out the more radical as well as rational means of obviating them.

As a prelude to what we have to say, it might be well to state that the diseased condition of the tonsil known as hypertrophy is an increase in the volume of the gland by a multiplication as well as an enlargement of its follicles and general constituent tissues, the connective tissue about the follicles and lacunæ is often indurated and thickened, although in some cases it is much softer and patulous than usual, while the lacunæ are much dilated, with thickened walls, sometimes filled with viscid mucus, and in other cases with caseous or calcareous deposits. One pathological point is to be noted, the entire disappearance of the acinous mucus glands in hypertrophied tonsils, these glands being normally found near the middle of the gland, their ducts opening through the hilus.

Upon examining the fauces, we often find the diseased masses almost, and in some cases, quite meeting in the median line of the throat, and I have seen one tonsil almost entirely fill the pharyngeal opening.

The surface of the tonsil is sometimes undulating or "honey-combed" in appearance, owing to the dilatation of the lacunæ; this condition is often found in tonsils subject to repeated attacks of inflammation, and this form of hypertrophy, let me here say, is more amenable to treatment by internal medication than is the more indurated variety, the volume of the gland being reduced under our homœopathic remedies the gland ceases to be a source of serious trouble, although it never again performs its proper function.

Before going farther, I wish to call your attention to the comparative frequency with

which enlarged tonsils are found in children and during their stages of development into mature manhood and womanhood, as this has direct bearing upon what we are about to point out as the principal indications for early operation on the diseased organ when milder measures are fruitless.

Of 1,000 patients seen by Mackenzie, of London, 27 per cent. were under 10 years of age; 38 per cent. between the ages of 10 and 20 years; 22 per cent. between the ages of 20 and 30 years, while only 13 per cent. were under 30 years of age.

From this we see that 65 per cent. were under the age of 20 years, or during the stage of development.

It is often asked, if the disease is so seldom met with in adults, and, as is known, a gradual diminution in the size of the tonsil often takes place after the age of thirty, why lay so much stress upon the removal of the mass by radical measures, why not treat on the "expectant plan," for even when not amenable to medical treatment the tonsil will, in many cases, in the course of a few years, spontaneously return to its normal dimensions and cease to interfere in the general system?

In attempting to answer this querry, we are brought at once to the more serious indications for their excision.

Too often has this diseased organ done its mischievous work in the general system long before it ceased to be a local annoyance.

When a child with any considerable degree of enlargement of the tonsil is presented for examination the general expression at once indicates to us the seat of the trouble. The throat-passage is so small that there is no resonance to the voice, it is muffled and thick, there being a want of power to articulate simple sounds. The mouth is kept constantly open, the child is unable to obtain enough air through the nose, owing to the tonsils filling up the spaces on either side of the fauces, thus narrowing the naso-pharyngeal space.

As a result of this breathing through the mouth alone, the nose ceases to develop as it ought, the nostrils remain round and small, as in a small babe, the upper lip thickens, the naso-labial folds are flattened, the roof of the mouth assumes a strongly arched form and the incisor teeth overlap one another. This is directly due to a lack of growth and development of this portion of the face in proportion to that of other parts of the face and body.

In some, indeed the cases are not very rare, the deficient supply of oxygen caused by this constriction causes the child to become anæmic, the face puffy, the eyelids to droop, the muscles irregularly developed, and the face, in a word, becomes dull and listless generally. While some of this is due directly to the enlargement, the worst feature is that it is in the greater part due to the impress exercised by the disease upon the whole system.

Dupuytren, as early as 1828, and Shaw, somewhat later, called attention to the frequency with which enlarged tonsils were found in the so-called "pigeon-breasted" children, Lambron was the first to note the morbid changes, and ascribe the cause in a rational manner.

He explains the cause and progress in this manner, if you will allow me to give his description as found in Mackenzie's work.—"The characteristic malformation of the thoracic cavity, met with in cases of enlarged tonsils, is a circular depression of the walls of the chest at about the junction of the lower and middle third. The thorax seems as if it had been confined by an unyielding ring which, while contracting its growth in this situation gives an appearance of abnormal bulging to the upper part of the cavity. The circular depression corresponds with the attachment of the diaphragm internally to the osseous framework of the chest, and is evidently due to the constant energetic contractions of that muscle to overcome the obstacle to free respiration."

The marked feature of this form of "pigeon breast" is in many cases the absence of other rachitic symptoms.

In childhood, the bones yield easily to any influences. Any one who has witnessed the difficulty which occurs, especially during sleep, where there is any considerable hypertrophy of the tonsils, will readily understand how pernicious must be the effects upon the respiratory apparatus.

Chassaignac observed that, although this increased effort on the part of the diaphragm to a certain extent neutralizes the obstruction to free respiration, yet, at times this muscle becomes temporarily exhausted, and the blood is thereby poorly aerated, which must have a deleterious effect upon the general system and render it more liable to succumb to acute attacks of disease.

These are some of the more serious results arising from the disease in question, which emphatically call for more prompt relief than we are usually able to give by internal medication, and we can further see how the disease, local as it may seem to be, may be and is found by many close observers *to be* the cause of many of the ills of life for which we cannot account in any other rational manner.

It occurs to me that we do not value the importance of keeping the mouth closed while in the open air, especially in this climate. The membrane lining the pharynx is much more sensitive to cold or dry air than that lining the nares, consequently the cold air should be rendered warmer and the dry air more moist by passing through the tortuous canals of the nose. The air, especially in our large cities, is filled with fine particles of foreign substances that are much more irritating to the throat and larynx than to the nose. When the mouth is closed these rarely ever reach the throat or larynx.

Our American Indians have always been careful to observe this custom, and have handed it down from geneneration to generation; hence, we can see the comparatively few victims of throat and lung troubles among their tribes. We should learn from them the importance attached to this and remove every obstacle to breathing through the nose, one of the most prominent being—enlargement of the tonsils.

Another great hindrance to nasal breathing is hypertrophy of the mucus membrane and spongy bodies covering the turbinated bones. Our reason for alluding to this trouble at this time is the frequency with which we find it associated with hypertrophied tonsils, and, to a great extent, directly due to the same.

From this undue exposure of the fauces the membrane is rendered irritable, this condition will not readily yield to medical treatment, but will remain long after the natural subsidence of the hypertrophy.

We are often required to combat with this irritable throat throughout life, not only does the pharynx suffer, but the larynx, trachea and bronchial tubes are subject to frequent attacks of inflammation.

Many a person with a naturally good voice for singing has been obliged to cease his vocal training on account of an irritable throat, notwithstanding having faithfully undergone the best of internal and local treatment short of the knife, while other cases have been improved after the prompt excision of the tonsil when the trouble was due to the hypertrophy of the same. The effect of the hypertrophy is also to limit the compass of the voice in singing and even the pitch of the voice has been observed to be raised.

We were formerly told that a certain throat deafness was due to the direct pressure of an enlarged tonsil upon the opening of the Eustachian tube. This, of late, has been found to be erroneous, as the tonsil does not encroach upon that opening even when enormously enlarged. However, the irritation and thickening of the walls of the naso-pharynx set up by the presence of the diseased gland is often extended to the Eustachian tube and the result is equally bad. The removal of the tonsil in such cases has been found to materially improve the condition of the Eustachian tube, and, in turn, the impaired hearing.

Chassaignac first called attention to the fact that the local pressure of the hypertrophied tonsils diminishes the supply of blood to the brain and also impedes its return, which must have its effect upon that organ and the nervous system generally.

That the sense of smell and taste are impaired by the presence of enlarged tonsils is a known fact, and needs no further reference.

We have already mentioned the absence of the essential mucus gland — the acinus mucus gland — in hypertrophy of the tonsil. The lacunæ throw off a very tenacious viscid mucus in its stead. When this is not transformed into a caseous or calcareous deposit, and the constant effort made in expelling this mucus from the throat is alone sufficient annoyance to warrant prompt attention, did it not cause direct irritation of the pharynx. as it does in most cases.

During the process of the spontaneous diminution of the tonsil in volume later in life, as referred to before, the follicles almost without exception break down one after another. The contents disintegrate, come to the surface of the tonsil, and either discharge of themselves or are opened up by the patient or friend and emit a very disagreeable, foul odor, sometimes nauseating those who are near by. Much of the bad breath attributed to an irregularity of the stomach, liver or bowels is simply due to this condition of the tonsils. When swallowed, this offensive matter is enough to derange the function of digestion.

As these follicles go through this process one at a time small cavities are left, seats for

ulceration and pockets for the lodgment of the food until it decays. This, you see, is an other branch of orificial surgery sadly neglected by far too many.

Before referring to the methods of surgical interference, I wish to call your attention for a moment to a few of the objections raised to surgical interference.

There seems to have always been an opposition to this procedure, principally among the laity, and at different times by physicians, this opposition, I think, arising from the dangers attending the operation from hæmorrhage before proper instruments were invented, consequently various attempts among, in general have been made to show bad results. In the light of our modern progress in surgery these attempts have proven to be fruitless.

We have been asked if consumption was not sure to follow excision of the tonsils. We are always compelled to give a negative answer, for consumption cannot be traced in a single instance directly or indirectly to such removal. It is true that a person *may* succumb to consumption after the tonsil has been removed, for the tonsillar difficulty is often due to the same dyscrasia, but the removal of the gland will not hasten the tubercular progress. On the other hand, it is quite evident that anything that impedes respiration, as do enlarged tonsils, must necessarily have an injurous effect upon the lungs, more especially when the latter are diseased and are called upon to perform a function beyond their power.

Another objection, prevalent among the laity, is the supposed effect upon the sexual organs. Not long since, a lady brought her little girl of four years to my office with tonsils so much enlarged that they met in the median line of the throat. Nothwithstanding the fact that the little girl had been under the direct attention of a prominent physician of our school for a year without the least diminution of the enlargement, and that she presented many of the more serious symptoms referred to in this paper, the mother was advised by a physician to "not allow the tonsils to be excised under any consideration for the child would surely die at the age of puberty; she would never pass through that stage of development without her tonsils."

The question is sometimes asked if impotence or sterility are not due in some cases to excision of the tonsils. We have to answer that we believe this idea to be a fallacy, as is borne out by the judgment and experience of those who have had occasion to frequently resort to this operation. In reference to this point Schech, of Munich, says, "that by removal of the tonsils the sexual function is interfered with is a fable, as is also the theory, held by some, that the voices of actors, singers and speakers undergo a disadvantageous change." I have never succeeded in finding anything in medical literature supporting this theory. It is seldom referred to, even by the most careful writers upon throat or sexual disturbances, and only then in a derisive manner.

Another objection made is to the effect that diphtheritic membrane is likely to form upon the cut surface of the tonsil. This is obviated by not operating when diphtheria is prevalent. By observing sanitary measures there is no more danger likely to follow this operation than any other about the body. That the tendency to diphtheria is less in cases where tonsils are normal or have been removed is a well-known fact.

One objection that has deserved more attention than all others has been the danger of hæmorrhage.

Several fatal cases have occurred from opening the internal carotid artery, which lies but a little deeper than the tonsil. This mishap has always occurred when the excision has been performed with the tenaculum and bistoury, it being impossible to wound this artery when the tonsillotome is used.

The question naturally arises — how early should we operate? This must depend upon each individual case. Where the hypertrophy is not marked enough to cause any of the more serious symptoms, or is of the softer variety, I would give for a reasonable time such of our tissue remedies as are indicated in each case, such as calcarea carb., calcarea iod., baryta carb., baryta iod.

Almost every known substance of a caustic or astringent character has been applied locally in varying strengths to reduce the enlargement, but mostly without avail except where used strong enough to cause sloughing, which in my mind is much more objectionable than the knife.

Galvano-cautery has been resorted to in such cases by those who oppose the knife but is met by the same objection as caustics. The process of destroying by causing a slough is very slow and disagreeable.

In the cases where the hypertrophy does not respond to a fair trial with internal remedies, I should make no delay in excising the diseased mass.

As early as the year 10 A. D. Celsus writes of removing the tonsil in the following manner: "Tonsils which remain indurated after inflammation, if covered by a thin membrane, should be loosened by working the finger round them and then torn out; but when this is not practicable they should be seized by a hook and excised with a scalpel."

Etius, in the year 490, says: "The portion which projects, *i. e.*, about one-half of the entire gland may be removed."

It might be well to refer to the objection of Halster, 1683; he says: "This operation is not only too severe and cruel, but also too difficult in the performance to come into the practice of the moderns, because of the obscure situation of the tonsils."

The operation had its advocates and apponent down to 1740, since when it has been extensively practiced in all countries with but few to oppose.

Very few have advised the removal of more than that portion extending beyond a level with the pillars of the fauces. The remaining portion contracts, and when healed, is of about the size and occupies the same position of a normal tonsil.

The use of general anæsthetics seems uncalled for, as the pain is very slight; should hemorrhage occur the patient's assistance is needed to keep the blood from entering the larynx. I have found in some cases, where there is marked sensitiveness of the throat, a spray of a 4 per cent. solution of cocaine to be useful.

During the past fifty years a variety of instruments have been devised known as guillotines or tonsillotomes.

Dr. Physick, of Philadelphia, in 1827, invented the first tonsillotome by enlarging and improving the instrument made by Bell of England forty years before, known as the uvula guillotine.

In 1832 Fahnstock invented an instrument on a little different principle. It consisted of a canula terminating in a circular ring, this guarded another ring with an inner cutting edge. After placing the ring over the tonsil the inner ring is drawn back, severing the tonsil from behind forwards.

The tonsillotome has undergone many changes, and the instrument now known as Fahnstock's tonsillotome improved by Mathien is the one I prefer to all others, and always use in excising the tonsil. It consists of a sheathed oval ring-knife and a slide, ending in a two-pronged fork which pierces the outer portion of the tonsil already encircled by the ring, and draws it slightly from its bed by an ingenious arrangement. By continuing the same motion made in piercing the tonsil, the ring-knife is drawn forwards and cuts away that portion extending beyond the pillars of the fauces.

The operation seldom requires more than four or five seconds from the time the instrument is put into the mouth, except in small children that resist the placing it over the tonsil.

In the great majority of cases the hemorrhage that follow is but very slight, and ceases of itself in a few minutes; if not, simply washing the throat with cold water will usually stop it at once.

In rare cases, when it is not arrested by this means, direct the patient to sip a little of a solution of tannic acid occasionally which never fails to arrest it promptly. Hot, hard or irritating food should be avoided for a few days. The wound usually heals spontaneously in a week or ten days.

Bone Grafting.

It may be of interest to our readers to know that it is possible to graft bone. Some time ago a German surgeon had occasion to simultaneously amputate one limb of a man and treat a compound comminuted fracture of another limb, with considerable loss of bone substance in the same patient. The gap caused by the loss of substance in the bone of the latter limb was remedied by cutting out a piece from the bone of the amputed member and fixing it in the vacant space. The result was highly satisfactory and complete union took place, there was said to have been no necrosis or caries, and the limb, within a reasonable time, was as firm as ever. We all have opportunities of testing this method as periosteal grafting, and should not hesitate to give the most available method a trial at every opportunity.—*Am. Med. Digest.*

Enuresis is frequently associated with nasal obstruction.

A MONTHLY CHAPTER ON ORIFICIAL SURGERY AND ITS RELATIONS TO CHRONIC DISEASES.

BY E. H. PRATT, M. D., LL.D.

THE PHILOSOPHY OF ORIFICIAL SURGERY.

(The first of a series of five lectures to be reported for the Medical Era.)

THERE is but one means by which our physical nature is first developed, by which it is maintained in a normal condition, and when dilapidated, by which it is repaired. Consequently there is but one thing to which all remedial measures for the relief of human suffering should be directed.

I care not what these measures be — medicines, massage, electricity, baths, metaphysical influences (pardon the allusion), all can appeal to this one thing alone: I mean the circulation of the blood. If the blood current is strong and free, we are well; if it is sluggish, stagnates in any place whatsoever, and from whatever cause, local congestions, with all attendant pathological changes, will follow. To re-establish and maintain a normal circulation, in general and in detail, is, then, the great problem in the treatment of chronic diseases, both medical and surgical.

Everybody knows that it is upon nerve force alone that the circulation depends for its activity. The proper supply of nerve force, therefore, means a good circulation and its consequent blessings; a waste of that nerve force, or an insufficient supply, means an enfeebled circulation, with its attendant miseries. Should I ask you what nerve force, you would all reply—That furnished by the great vaso-motor system.

Let us leave physiologists to discuss the intricate question of how much of this system if formed by the cerebro-spinal, and how much by the sympathetic nervous organizations. It is admitted that they can both influence vaso-motor function. By means of the cerebro-spinal system, joy and hope and love and fear, and all the thoughts and emotions that sweep this lyre of time, can affect the rapidity of the heart's action, and can influence the digestion and assimilation of food, from its breath of life in the lungs and its transplantation as a bit of living bioplasm in the tissues, to the removal of the dead and dying particles of matter and their expulsion from the body by its various channels of exit. By means of the sympathetic force the functions of life may be carried on when waking or sleeping, while at our work or at rest, at all times and in all places, without the aid of the cerebro-spinal system.

Besides this common plane of action of the two nervous systems, each one has its own proper offices to perform: the cerebro-spinal is the direct connecting link between man and the house he lives in. Its uses are to control the action of every voluntary muscle in the body. The minute fibres of voluntary muscles are crossed by striæ, and the sole use of these muscles is to permit the body to move and be acted upon in whatever manner this sovereign cerebro-spinal system may direct. But all the muscles are not voluntary muscles. There is a set of muscular fibres whose minute tendrils are not crossed by striæ, and whose movements are not guided by the cerebro-spinal system. They are called involuntary muscular fibres, and the power that moves them comes from the sympathetic nervous system.

These latter fibres are so placed as to constitute one of the coats of every tube in the body, from the great respiratory, digestive and urinary tracts, to the more delicately organized arterial canals and glandular ducts. The mode of distribution of these fibres is a common one—an inner layer arranged circularly, and an external layer arranged longitudinally, securing by their alternate action of constriction and shortening, the vermicular motion by which all involuntary processes are carried on. Like the fibres of the voluntary system, the individual fibres of the involuntary system are in close sympathy. The spasmodic contraction of any part of them may, if sufficiently protracted, enlist the sympathies of the entire mass of involuntary fibres, thus producing a uniform tension of the whole system of involuntary fibres, interfering thereby with the proper functions and circulation of the entire body. By relieving this tension, a corresponding relief will be universally experienced.

With this introduction, let me now call your attention to the lower openings of the body. These openings are guarded by double sphincters. The upper ones are composed of involuntary fibres, and, consequently, are supplied by the sympathetic nervous system.

The lower ones consist of voluntary fibres, and are supplied by the cerebro-spinal nervous

system. This is true of the rectum; and it is true also of the male and female urethræ.

The sexual organs proper, in both sexes, take their nerve-supply from the sympathetic nervous system. Whatever wastes sexual power in either sex then, wastes sympathetic power, and therefore lowers the nervous tone of the entire sympathetic nerve; and spasmodic conditions of the os vesicæ and internal sphincter recti, recognizes like unhappy influences.

The next proposition which I desire to present for your consideration, will doubtless seem somewhat startling to those who hear it for the first time to-night, because nothing but an extended experience can ever convince one that it is universally true. It may be that my own experience, added to that of the hundreds of co-workers in this field, has not yet been extensive enough to justify so radical a position (although a practice confined exclusively to the treatment of chronic diseases has multiplied that experience very rapidly indeed) yet it is now sufficiently well established to justify my offering it for your approval or disapproval, as the issue may be. The proposition is this:—In all pathological conditions, surgical or medical, which linger persistently in spite of all efforts at removal, from the delicate derangements of brain-substance that induce insanity, and the various forms of neurasthenia, to the great variety of morbid changes repeatedly found in the coarser structures of the body, there will invariably be found more or less irritation of the rectum, or the orifices of the sexual system, or of both. In other words, I believe that all forms of chronic diseases have one common predisposing cause, and that cause is a nerve-waste occasioned by orificial irritation at the lower openings of the body. These irritations induce a rigidity of the sphincters guarding the parts, which either continues, sympathetically affecting the rest of the involuntary muscular system, and steadily draining the nervous power that supplied it until the whole struggle terminates in a rigor mortis; or, tiring out in the hopeless grip, relaxes into the inertia of paralysis.

Aside from this view of the relation of orificial irritation to chronic suffering in all its forms there is another worthy of mention in this connection. It is that of reflex effects of irritations in general. A rusty nail in the hand or foot, or anywhere else, may irritate by reflex action, the central ganglia, and induce tetanus; pregnancy, by its tension at the internal os may induce trouble in the stomach or head or heart, by reflex action, instead of being felt in the pelvis; and irritations at any of the lower orifices, instead of causing trouble at the seat of irritation, may be reflected to any of the other orifices, or, indeed, to any other part of the body.

I desire, however, to call your attention more particularly to the close reflex relation existing between the rectum and the lungs. This is more important than many others, because the chest is the great suction-pump upon which the blood relies for its call to the lungs after its wanderings over the body, and upon which the various other juices rely for their proper activity; and hence any influence that affects the respiration affects also the activities of the entire body. Under profound anæsthesia, any surgical operation, major or minor, may be performed upon any part of the body (provided it does not involve the sphincters or the nerves of respiration) and the breathing of the patient will go on uninterruptedly and regularly so long as sufficient life remains to manifest itself. It will, however, be a startling revelation to those who are not familiar with the phenomenon to observe the peculiar effect of rectal dilatation upon an anæsthetized person. Place the patient upon the side, and, with two fingers of each hand well introduced into the rectum, so as to secure a good grip upon the internal sphincter, carefully separate the fingers so as to put the sphincter well on the stretch, and invariably the respiration will be more or less oppressed; often responding to the stretching so keenly as to place the ability of the patient to breathe entirely in the hands of the operator, being suspended as long as the stretching continues, and being resumed as soon as it is discontinued. A similar effect often is seen in the use of sounds in the sexual organs, but is not marked or so constant. Dilatation of the external sphincter ani alone, will not produce this effect, showing the simple fact that it is entirely due to a reflex of the sympathetic power, and not of the cerebro-spinal.

These two facts—the effect upon respiration, and the close sympathy existing between all involuntary fibres contracting and relaxing in mutual sympathy, is the only philosophical explanation which I have at present to offer why orificial work has such instantaneous and truly marvelous effects over the entire circu-

lation, warming at once all parts that before were abnormally cold, and cooling parts that were abnormally hot; starting, as if by magic, functions that had been long dormant, and subduing those that had been abnormally active — in a word, more or less completely re-establishing uniformity of circulation and function. With this partial attempt to explain the philosphy of the action of orificial work, we will consider in our next lecture, *The Pathology of the Rectum.*

CLINICAL OBSERVATIONS ON ACONITUM NAPELLUS.

By O. S. SANDERS, M. D.

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THE main object of this series of papers I propose for the Era is to bring the symptomotology of some of the leading polychrests to their lowest terms; from their apparent complex arrangements in the symptomen-codex, and reduce them to a common denominator, that the student of medicine may the more readily comprehend their relation to each other in their application to the art of healing.

I desire in this to speak of aconite in its curative regional sphere of action to both body and mind. Its centre of action is through the cerebro-spinal system directly, and reflexly through the great sympathetic nerve.

It holds its primary therapeutic agency over the temperature of the body; controlling the heart's action and sequently the arterial capillaries.

The ancients knew of the toxical action of aconite upon the human system, but are silent upon its curative properties, and not until our own immortal Hahnamann taught us the law of similia did its therapeutic value appear.

This plant is known by the common name monk's-hood, from the fancied resemblance of its flower ; also, as wolf's-bane, from its poisonous effects on the wolf and other fur-bearing animals. It is indigenous to uplands and mountain regions, and seems by a law of nature to be peculiarly adapted to that type of diseases incident to the higher altitudes, such as mountain fevers, with their high temperature and low mental depression ; while dulcamara and some other plants, of which I intend to speak hereafter, hold a corresponding rank to diseases peculiar to swampy and boggy lands.

There is no one morbid condition more marked by the pathogenesy of aconite than extreme mental anxiety and fear, and will in its proper attenuation cure many forms of mental disease, if you look well to your potency.

SYMPTOMATOLOGY.

Head.—Staggering sensation, inebriate-like, always inclining to the right instead of the left. Very hot feeling on the crown of the head, sensation of bursting fullness, and compression as though girded by an iron band.

Eyes.—Inflamed, sensitive to the light, with darting pains; preferring twilight.

Ears.—Noise unbearable, with partial deafness.

Nose.—Sense of smell acute; air-passages partially occluded, tightness in superior meatus. In epistaxis, blood bright red.

Face.— Feels bloated, red and hot; or cold and pale, changing from cheek to cheek.

Teeth. — During the dentition period, constant crying; peevishness; head hot, and constant thirst.

Mouth.— Parched and tingling; bad breath: everything tastes bitter.

Tongue. — Red in centre, smarting at the tip. Articulation difficult.

Throat.— Uvula, soft palate, fauces and pharynx have a dry and burning sensation.

Stomach. — With burning unquenchable thirst, desiring long draughts of cold water. Anorexia, and great tenderness in region of cardiac orifice.

Abdomen. — Swollen and tender to the touch.

Stool. — Like chopped spinach, with fever.

Urinary organs. — Urethra inflamed sensation, difficult micturition drop by drop, and scanty, urine feels hot and scalding and looks high colored, patient dreads the attempt to void the urine, (suggestive for the early stages of gonorrhœa). Better adapted for females than males after puberty.

Heart. — Palpitation; feeling of fullness, exciting alarm, pulse hard and corded, breathing rapidly; great restlessness, cannot keep quiet, or covered in bed.

Neck. — Stiffness, with pain shooting to *right* shoulder.

Back. — Pain in dorsal region with creeping sensation in the spine, with numbness in the muscles of the back, extending down to the limbs.

Arms and Hands.— There is a numbness of feeling with an inability to hold or grip with the hands.

Uterine.—Suppression of the menses, caused by fright or anger from a violent temper, followed by neuralgia of the ovaries.

Pregnancy. — Apprehension of dying in parturition.

Bronchi and Lungs. — Croup in early autumn and in spring season. Hoarse, loud metallic ringing, croupy cough, worse after first nap; expiration rougher than inspiration, pleuritis, sharp cutting pains in chest, early stages of plurisy ; cannot lie down without intensifying the agony, great thirst and anxiety, fearful apprehension with much fever.

Lower Extremities.—Lack of power and coldness in feet and ankles, attended with apprehension of approaching paralysis.

Generalities.—Aconite is particularly indicated in the nervo-bilious temperament. Sedentary habits, sensitive and retiring disposition. Rigidity of muscular fiber, dark eyes and hair.

Its influence upon the arterial circulation is most pronounced, and readily controls serous inflammations. What aconite is to the serous membrane, such is bryonia to the muscular structure.

Rheumatic swelling of joints, with numbness and tingling.

Paralysis of limbs, hands or feet.

Sensitiveness to drafts of air, milliary rash on skin; it aids nature to develop eruptions in all types of skin affections. Also in restless tossing, moaning, frightfully dreamy sleep.

Aconite stimulates the sweat glands into activity, thus relieving the patient, abating the chill of shivering.

In fine, aconite is the sheet anchor in the primary stages of most all acute inflammatory diseases.

Aggravation. —Always worse in the evening and night; the smell of tobacco fumes strikingly offensive, though the patient may himself be addicted to the use of the weed; worse in a hot room, better in open air, and at rest.

Analoges. — Gelsemium, j borandi, veratrum v., arsenicum a., bryonia, belladonna and cactus g.

Antidotes.—The acids; vinegar is always available.

PHENIC ACID—CONTRA INDICATED.

BY W. E. HATHAWAY.

MARYVILLE, TENN.

NOTING Prof. Crank's warning in regard to the danger of employing carbolized applications to the funis of new-born infants, in November ERA, aroused my attention to the fact and explained the cause of the slow healing of some cases where I had employed carbolated vaseline. It also brought to my mind the fact that there exists a peculiar antipathy between this caustic and the prepuce, as stated by Dr. D'Eclat and confirmed by Dr. Cooke, *vide* Antiseptic Medication p. 43. In one of my recent cases the development of what is called by some "Raspberry Navel," was very probably due to this cause; and it is worthy of note that I could find no mention of this difficulty by any other author. A slip ligature, applied as he directs, and drawn only moderately tight, completely extirpated the growth within twenty-four hours; but neither calendula cerate nor simple vaseline sufficed to allay the irritation of the parts, which continued to discharge slightly, until I directed that the navel should be dusted with pulverized hydrastis.

This proved promptly curative. Is it not probable that there is a similar and special irritability in both prepuce and funis, owing to some peculiar secretion, to which the phenic acid is obnoxious? At all events the facts are worth emphasizing and storing in the mem ory.

A SUPPOSED TUMOR OF THE RECTUM.

BY H. E. CROSS, M. D.

WAUKEGAN, ILL.

MRS. K., aged 72, had been troubled for about two years with what she thought to be a tumor of the rectum, which upon every effort to evacuate the bowels would protrude from the anus sufficiently to be distinctly felt externally. This precluded all possibility to defecate until with her fingers she could press the tumor up into the bowels, when a free movement followed. She had mentioned this to her family physician (a "regular") several times, but receiving each time the reply, "O, I guess there is no tumor; you will get over that in time," and thus did

nothing for her. But this tumor becoming more troublesome she was prevailed upon by some of my friends to try the homœopathic M. D. Accordingly I was sent for Oct. 2nd, and after a short interview as to her complaint I requested her to take the bed in a recumbent posture upon the left side. I then introduced the index finger of the left hand into the rectum and at once met an obstruction lying upon the anterior walls, very hard, and about the size of a hen's egg. After a careful examination in this manner I introduced the finger of the right hand into vagina and at once placed my finger upon the os uteri turned directly upward, thus clasping the uterus between the fingers of the two hands. In this manner I found a complete retroversion of the uterus and a prolapsed condition of the anterior rectal and posterior vaginal walls sufficient to allow the fundus uteri to protrude without the anus. I assured the lady that there would be no need of any surgical operation (which she had been so much dreading), and then took Ludlam's uterine repositor, and lifted the uterus into its normal position and inserted a hard rubber pessary, and the lady has been well and free from all trouble ever since.

This patient had no pain or suffering of any kind further than the obstruction to the bowels.

This is the first case of the kind I have ever met with or heard of in which the uterus was so completely retroverted, and the vaginal and rectal walls so prolapsed as to allow the uterus to protrude outside the anus. The result of this simple operation was that the "regular" before mentioned has now no more business in that family, and four other families of old school proclivities have been won to the ranks of homœopathy. The malposition of the uterus in this lady's case was caused by continued lifting and straining in caring for a daughter who is an epileptic.

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SOCIETY PROCEEDINGS.

SOUTHERN HOMŒOPATHIC MEDICAL CONVENTION.

THIRD ANNUAL MEETING, AT NEW ORLEANS,

DEC. 8, 9 & 10, 1886.

[Reported for the Medical Era.]

A. L. Monroe, M. D., of Louisville, Ky., President of the Association, called the convention to order at 11: A. M., Wednesday. Dr. C. G. Fellows, of New Orleans, was at the secretary's table.

There were present Drs. Fisher, of Austin; Jones, of San Antonio; J. P. and Walter Dake, of Nashville; Orme, of Atlanta; Crutcher, of Chicago; Henry, of Montgomery; Ockford, of Lexington, Ky.; Gilbert, Jackson, Miss.; Mayer, of Martinsville, La., and Holcombe, Bailey, Murphy, Lopez, Foster and Thomas, of New Orleans, besides many others from a distance and from among the local profession.

President Monroe delivered the annual address, which was well received by the convention. It was an able appeal for right and justice in all matters medical, and an arraignment of all who place peace above principle by compromising with error.

Next came the report of the committee on legislation, F. H. Orme, M.D., chairman. Dr. Orme's paper may be briefly summarized as follows:

"The laws are satisfactory, or, at least, not inimical to Homœopaths in the following states: Arkansas, Kentucky, Tennessee, Virginia, South Carolina, Georgia, Florida, Louisiana and Texas. They are chiefly laws requiring the registration of diplomas from chartered colleges, of any school. Complaint is made in North Carolina, Alabama and Mississippi, where there are boards of examiners, all of the old school, which, whatever may be their arrangements for appearing fair, are, from the nature of things, intimidating to applicants of other schools. The result is that few Homœopaths apply in these States."

After discussing the various methods of admission to practice in the several States, Dr. Orme continues: "It would seem, then, that the fairest and best plan for most of the southern States named would be simply to have a good registration law, fair alike to all."

The report was adopted, together with resolutions approving the formation of the so-called examining board.

After the report of the legislative committee, several new members were elected, among whom were Drs. Walter M. and William C. Dake, of Nashville, and Annie T. L. Thomas, M.D., recently of Chicago.

The credentials of Howard Crutcher, M.D., of Chicago, representing the MEDICAL ERA and the Ills. Homœopathic Medical Society, were read by Secretary Fellows, and he was extended the courtesy of the Association.

Dr. J. P. Dake, of Nashville, introduced resolutions, which were passed, strongly condemning assumption of authority by army and navy surgeons which properly belonged to the National Board of Health, in looking after infectious diseases and ordering quarantine in certain localities. The fact that Congress had withdrawn the appropriation necessary for the maintenance of the National Health Board was greatly to be deplored.

Dr. Dake then introduced resolutions complimenting Joseph Holt, M.D., president, and the Louisiana State Board of Health, for their prompt and efficient action during the last summer.

The Bureau of Registration and Statistics then reported through the chairman, Walter Bailey, Jr., M.D., of New Orleans. The readers of THE ERA are so thoroughly acquainted with the rapid and general growth of Homœopathy that the statistics need not be repeated here.

The New Orleans daily press deserves special thanks for their full and repeated publications.

C. E. Fisher, M. D., offered a motion to the effect "that the Southern Homœopathic Association appreciates the high compliment paid it by the election of one of its members, Dr. F. H. Orme, of Atlanta, to the presidency of the American Institute of Homœopathy."

THURSDAY MORNING SESSION.

The convention was called to order at 10 A. M., by President Monroe, in the parlors of the Grünewald Opera House, with an increased attendance over the day before. After considering some applications for membership, all settled down to hear the report of the Bureau of Materia Medica. The chairman, Dr. French, of Natchez, being absent, J. H. Henry, M.D., of Montgomery, read a paper upon the subject, "The truth of Homœopathy does not depend upon large doses or small, low potencies or high, but upon the law of similars." Absolute purity of our drugs and remedies was very strongly insisted upon. "Our failures," Dr. Henry thinks, "result from not following the law, from impure preparations, and from bad shots by those little acquainted with the materia medica." Hahnemann's original method of drug preparation was highly commended by the essayist. The next paper was one on

DIPHTHERIA,

By William H. Holcombe, M.D., of New Orleans. Diphtheria, according to the very able and thoughtful paper of Dr. Holcombe, may be divided into *three* classes of cases: "first, the *mild*; second, the *severe*, and third, the *malignant*.

"Sometimes an epidemic may rage with only *mild* symptoms. The *malignant* cases are nearly always fatal. From both of these classes we learn nothing. The middle class is the place to test our remedies. What can Homœopathy do here? Can we approach it as we do measles or scarlet fever? Alas! no. We are not able to make any exact applications of the law of similars.

"As to *treatment*, I can say that it is both *local* and *general*. Flowers of sulphur thrown upon the tonsils has been successful a great many times. Listerine is an excellent prophylactic for the use of exposed persons. In the febrile stage, belladonna 3x., and if there is much arterial tension, veratrum vivide in stronger doses. If the bowels are constipated, I use mercurius dulcis 1x., as a mercury, and kali bichromium are somewhat homœopathic. The latter is more reliable than mercury. If the case does not progress well under mercury, I use nitric acid, strong and in water. If blood-poisoning sets in, lachesis and arsenic. The intercurrent treatment is very important. Laryngeal complications are nearly always fatal. Food and stimulants must be pushed from the beginning, for they are the important factors in the cure of diphtheria. Push them *boldly;* and if your patient cannot take food by the mouth, use rectal injections. I remember a case where the deposit extended down into the œsophagus, which I fed by the rectum, and cured."

Dr. Holcombe's remarks might have seemed a little skeptical as to the benefit of any treatment up to this time, but he proceeded then to tell why Homœopathy is vastly superior to

Allopathy, after all. "We do not," he continued, "enfeeble our patients by enormous doses of quinine and iron. We certainly reduce the initial fever sooner than do our opponents. Our skill in meeting side issues is vastly superior to theirs."

The paper was very generally discussed.

Dr. Holcombe related this case: A child was brought him to vaccinate; he objected on account of a scrofulous diathesis, which was plainly manifest. The mother consented not to have the operation performed if Dr. H. would consent to attend it in case the child had small pox. He told her he would, and very soon thereafter had the opportunity offered of fulfilling his promise. It was a case of medium severity and was treated (isopathically) with vaccinia. Complete recovery with no sign of disfigurement.

Dr. Dake agreed entirely with the views of Dr. Holcombe upon diphtheria. He also emphasized the pushing of food. Dr. Dake thought that malignant cases would be apt to die anyhow. "Peculiarity of temperament exerts a great influence," said one. Dr. Fisher recommended oxygen by inhalation, and reported some cures in support of his views. Dr. Orme said he was glad to find himself in agreement with such men as Holcombe and Dake upon the subject of diphtheria and its treatment.

Dr. Holcombe rather startled the convention by asserting that the filth of New Orleans had nothing whatever to do with the germs of yellow fever! "Make a city as clean and pure as the New Jerusalem," said Dr. H., "and let its air be as pure and sweet as that of heaven itself, and if scarlet fever or yellow fever poison gets in there, the people will suffer from those diseases!"

The Bureau of Surgery was next called.

C. E. Fisher, M.D., of Austin, read an exhaustive paper upon gunshot wounds of the spine, reporting two clinical cases, one of which had survived until the 104th day after the injury.

The question of operating in desperate cases was discussed. Dr. Dake next brought up the question of "going beyond authority," and cited the great feat of our own lamented Beebe to prove that we are justified, in these desperate cases, of attempting something which in the nature of the case might seem to be of benefit.

Next came the election of officers for the ensuing year, which resulted as follows:

President, Joseph Jones, M.D., San Antonio, Tex.

First Vice-President, Walter Dake, M.D., Nashville, Tenn.

Second Vice-President, E. A. Murphy, M. D., New Orleans, La.

Recording Secretary, C. G. Fellows, M.D., New Orleans, La.

Corresponding Secretary, C. R. Mayer, M. D., St Martinsville, La.

Treasurer, J. G. Belden, M. D., New Orleans, La.

Censors, Drs. J. P. Dake, Walter Bailey, Jr., E. A. Guilbert, C. E. Fisher, and J. H. Henry.

EVENING SESSION.

Bureau of Surgery continued.

Dr. E. A. Murphy read a very able paper upon "floating kidneys," which were cured by operation. He showed that the kidney was susceptible of considerable handling without danger of injury to its continuity or functions. He cited several cases, which had come under his observation, which had been treated successfully by operation. Dr. Murphy, assisted by Dr. J. W. Smyth, recently performed nephorraphy for this condition with entire success.

Discussed by Drs. Fisher, Monroe, Orme and Dake.

The paper of W. E. Green, M.D., of Little Rock, on "Excisian of the mammary gland for sarcomatous neoplasms," was read by Dr. Fisher, Dr. Green being absent.

At the close of the evening session New Orleans was unanimously chosen as the place for the next meeting, on the second Wednesday in December, 1887.

FRIDAY MORNING'S SESSION.

The Convention assembled Friday morning with Walter Bailey, Jr., M. D., of New Orleans, in the chair.

Dr. Joseph Jones, Chairman of the Bureau of Gynæcology, proceeded to read a highly instructive paper upon perineal lacerations.

Dr. Jones urges all obstretricians to be prepared for emergencies of this kind, and, in case of laceration, to operate at once.

He uses ether now exclusively, not because he has ever had any accidents in a very large experience with chloroform, but on account of the general verdict of the profession against the latter anæsthetic. He has used cocoaine twice, with good results in both cases.

The subject of artificial feeding was next taken up. It was discussed by Drs. Dake, Holcombe, Henry, Fisher, Bailey, and others.

Dr. Holcombe spoke highly of condensed milk, "Eagle" brand. He did not favor giving young children coffee. Calcarea phos. 12x trituration, he said, was used extensively by him for infants and children. He begins to give it early in life and vastly prefers it to lime water. Speaking of lime-water acting chemically, Dr. Holcombe does not believe that it does so act. For plain acidity of the stomach he prefers the soda preparations.

Dr. Henry used coffee in his practice among young children, and claimed good results.

Dr. Fisher urges cold water instead of warm for diluting condensed milk.

The evening session was held at Tulane Hall, where Drs. Monroe and Dake delivered very able addresses, the former upon "Homœopathy its claims to public sympathy and support."

And the latter upon "The State and the Medical Profession."

The addresses were listened to attentively by a large and appreciative audience.

CLINICAL CULLINGS.

"Podophyllum 5x trituration is sovereign remedy for sterility."—J. H. Henry, M. D.

"I believe that disease is of dynamic origin."—William H. Holcombe, M. D.

"A large, fleshy man complained of a persistent vertigo, plainly the result of overstudy, for which calcarea phos. was given. A large boil appeared on the back of the neck and simultaneously the original trouble disappeared, never to return."—Dr. A. L. Monroe.

"Œnanthe is superior to anything I know of for epilepsy. Three-drop doses of the tincture."—Dr. Henry.

"Calcarea phos. 12x trituration is a fine thing for young, growing children. I give a small powder every day for the period of a month."—Dr. Holcombe.

The doctor that wrote to his pharmacist for a large bottle of *Tincture of mullein* when already having a good supply of *Verbascum thapsus*, is a wiser if not a poorer man.

"*Filth* and the *germs of disease* are two entirely distinct things."—Dr. Holcombe.

Dr. Joseph Jones strongly advocates the primary operation for lacerated perinæum.

"My faith in Homœopathy grows with increasing years."—Dr. Henry.

PERSONAL AND POINTERS.

Dr. A. L. Monroe presided well and delivered an address that was just to the point.

Dr. J. P. Dake, of Nashville, spoke on the subject of "The State and the Medical Profession."

Dr. Walter Bailey, of New Orleans, bestowed upon the visitors "the freedom of the city."

Dr. W. H. Holcombe, of New Orleans, gave a handsome reception at his residence on St. Charles street.

Dr. Geo. M. Ockford, who is now a Kentuckian, was welcomed by his southern brethren.

Drs. Walter M. and William C. Dake were also in attendance.

Dr. C. E. Fisher doesn't look like an alderman, but he is one, all the same.

Dr. Howard Crutcher represented the MEDICAL ERA and the rest of the United States.

Dr. C. R. Mayer, of St. Martinsville, La., is the corresponding secretary.

Dr. J. G. Belden, of New Orleans, is treasurer.

Dr. J. H. Henry, of Montgomery, Ala., read a paper on the methods of preparing the potencies.

Dr. H. G. Bayless, of Knoxville, Tenn., showed up at the opening.

Dr. H. V. Cleckly, of Charleston, S. C., came the longest distance.

Dr. H. J. Coleman, of Lee, Miss., was on hand early and late.

Dr. J. G. Belden, of New Orleans, is, and always was, treasurer.

Dr. Joseph Jones, the President-elect of the Southern Association, is a gentleman of dignified bearing, an accomplished physician, and a man who knows a good thing when he sees it. He says, "Send me THE ERA."

Dr. Walter Bailey, Jr., of New Orleans, is highly spoken of for the next President.

New Orleans gets the next meeting, and THE ERA was so well treated this time that it will surely attend.

The friends of Dr. Annie L. Thomas will be glad to learn through THE ERA that she has settled in New Orleans with fine prospects before her.

Dr. J. W. Smyth, mentioned in our report of the Surgical Bureau, is the surgeon who tied, successfully, the innominate artery in 1869.

There are twelve homœopaths practicing medicine in the Crescent City.

Dr. Orme wants to be remembered to "all Chicago."

Dr. C. E. Fisher, the very able editor of *The Southern Journal of Homœopathy*, was recently called upon by allopathic physicians at Austin, Texas, for expert surgical testimony

It was a pleasure, refreshing and delightful, to see such men as Dake, Orme, Fisher, Jones and Monroe all working enthusiastically for the cause of rational scientific medicine.

Dr. W. H. Holcombe relates the following of his father, who was an eminent allopathic physician: Dr. H., Sr., was quite sick on one occasion, and his good wife insisted strenuously that he take some medicine. He refused absolutely to do it. Whereupon she said: "You give it to other people, sir." "Yes," he replied, "I do, and that's how I found out the humbug of it!"

Drs. C. G. Fellows and Annie L. Thomas, of New Orleans, and Dr. C. R. Mayer, of St. Martinsville, La., received their medical education in Chicago.

Exclusively Personal.—The Era's representative desires to express his profound thanks to Dr. Walter Bailey, Jr., of the local reception committee, for many courtesies extended; to Mr. T. Engelbach, for his painstaking efforts to make his visit both profitable and delightful; to *The Times-Democrat;* and to many others to whom he is indebted.—H. C.

Fracture of the Clavicle.

Prognosis.—Usually some deformity; impossible to keep the fragments in exact apposition, on account of opposing action of attached muscles. Union established in two to four weeks.

TREATMENT.

Keep shoulder elevated, and rotated outward and backward. Best results obtained by keeping patient on his back for two weeks.

DRESSING.

(1) Put a small pad in the axilla; (2) raise shoulder by a sling under the elbow; (3) hold arm to the side by a bandage around the chest; (4) if one fragment tilts up, put a compress of cotton on it, and draw it down by a strip of adhesive plaster two feet long and two or three inches wide, running from the anterior to the posterior part of the chest.—*Key Notes.*

SELECTIONS.

A PROBABLE CAUSE OF SOME MONSTROSITIES.

Dr. Ephraim Cutter, of New York, contributed the following interesting paper to the *Medical World:*

At a monstrous birth the usual query is as to the history of the mother. Painful or unpleasant impressions before the fourth month of gestation have been followed by monstrous births. Congenital nævi are everywhere called "mothers' marks."

It is a point in this paper to show that the teratologist must look to the male for some of the monstrosities. Abnormal forms of human spermatozoa are found, which account for double-headed and bodied monstrous births better than our past state of knowledge. Some of these monsters have lived to maturity, and are now making public displays for a living. They sing duets, and play four-handed pieces on the piano.

The following abnormal forms have been observed in the sperm of man:

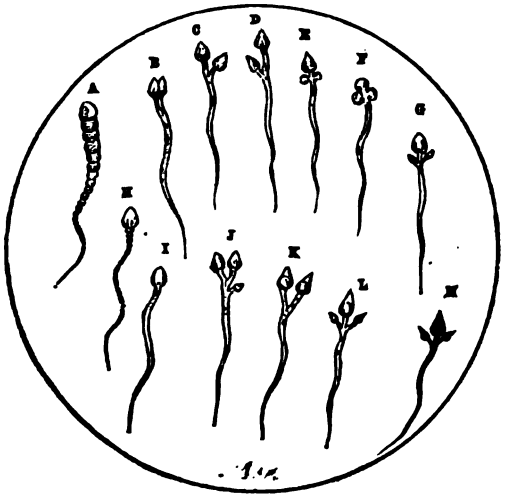
1. Spermatozoa with two bodies.
2. Spermatozoa with three bodies.
3. Spermatozoa with one body and two tails.
4. Spermatozoa with one body and three tails.
5. Spermatozoa with two bodies and two tails.
6. Spermatozoa with two bodies and three tails.

One spermatozoön is deemed enough to impregnate one ovum, and to transmit the qualities and peculiarities of the sire or grandsire to the offspring.

Large sums of money are spent by agriculturists to breed stock from sires of noted physique. It is a matter of common conversation to hear comments on heredity and descent from the sire. This, then, being the power that invests a single spermatozoön, what is to prevent the reasonabless of inferring that a double-bodied, triple-bodied, double-tailed, or triple-tailed spermatozoön, singly or in combination, may produce a double-headed or double-bodied monster, such as exists on the earth?

And, in the light of this communication, may it not be that the difficulty in regard to a given monstrosity is in the testes of the father?

The first mention of monstrous human spermatozoa known to me was in an unpublished paper by Dr. J. H. Salisbury, dated 1861. By a reference to his paper the forms in a live state, depicted in Fig. 1, were found, which may be described as follows:



Monstrous Spermatozoa in Man. Observed by DR. SALISBURY.

I is a normal spermatozoön for comparison.

B is a double-header.

C is a double-header, with second head on a neck below and to the right of the first head.

D, same as C, with second head to the left.

K, a double-header, with bifurcated necks.

J, a triple-header, where a double-header has a third smaller head projecting from the body below the bifurcation—not being fully developed, but having a distinct neck.

E, F, G, L, M, are triple-headers. E is a sperm with two globar heads, almost sessile, situated opposite each other and just below the primal head.

F, like E, but the three heads the same size.

G is like E, but the second and tertiary heads are less than half the size of the proximal head, and are provided with necks.

L and M are like G, but the extra heads have longer necks and more developed.

H is an ordinary spermatozoön, where the body and tail are moniliform, the larger sized beads being next the head, and each beaded portion diminishing in a uniform taper to excessive minuteness at the end of the tail.

A is a monocephalic spermatozoön, with the body and tail divided into beads. Those of the body are nearly of the size of the head, and the taper not diminishing so rapidly in the cephalic as in the caudal half.

The proportion of monstrous spermatozoa varied in different individuals. The average was one in about 50,000. They moved much stronger, but slower than the normal forms. The difference was so great that they were first recognized by their slow, sluggish, but vigorous movements.

All these abnormal forms have been noticed in the same individual, as well as in different individuals.

The investigations that resulted in this discovery "were made on eight strong, healthy men, Teutons, varying in age from 25 to 30 years.

"In so delicate a matter it required no small persuasion to excite sufficient interest in the proper persons for them to allow me to experiment upon them in such a way as to make the researches of scientific value. As far as these labors have gone, I believe they may be relied upon for having been conducted with care and fidelity."

A Monster.

In August, 1885, Mrs. C—— gave birth to the monstrosity which is here represented.

The absence of neck and cranium gives it the peculiar appearance, which, seen with a back view, resembles a frog.

The trunk and extremities are normal. A space between the shoulders is rough and without a covering of skin. Fœtal movement felt during labor.

Remarks.—Mrs. C—— firmly asserts that she had not seen anything ugly or unusual, or in any way resembling the monstrosity to which she has given birth.

Almost every individual, including several physicians, to whom I have shown the monster, or photograph, have asked if the mother had seen anything during pregnancy which could have caused the deformity.

I wish to demur from this common practice of placing the blame of all our misfortunes and monstrosities upon the tender yet much-slandered sex.

As we understand the teachings of anatomy and physiology, the fœtus in utero has but a physical connection to the mother. The only contact, soon after pregnancy begins, is through the medium of the placenta, which is the organ through which oxygen and the elements of nutrition are conveyed to the fœtus, as the stomach and lungs serve to nourish and oxygenize the blood and tissues of adults.

If this be true, how can mental impressions reach the fœtus, except in a general and not in a special way?

The facts are also plainly established that the bones of the cranium and general outlines of the future child are marked out and begin their growth during the first weeks of pregnancy. The starch and oil in the grain of corn is the "stored up" food for nourishing the plant-germ until it is rooted in the "mother earth," from which source it then gets its elements of growth. The soil having nothing whatever to do with the species, it furnishes only the warmth, moisture, and elements of nutrition. The egg of the fowl is only the store of food for the germ which the male plants in the act of copulation, and without which germ the egg is only so much rich food for any animal that may feed upon it, be that animal a man, or fox, or the spermatozoa of the male fowl. Soil and elements have but little to do with the species of plant or animal, except so far as relates to color, size or vigor of the growing plant or animal.

Many faculties that resemble the mother are acquired after birth by constant association, training, and mental impressions through the medium of the brain and nervous system.

The spermatozoön, after working its way into the uterus or fallopian tube, meets the egg or ovum of the female, penetrates its outer covering, and immediately begins to absorb nutrition, and before it has exhausted this store of food it becomes attached to the mother through the medium of the rudimentary placenta.

This conclusion does not deny that the egg is especially prepared and adapted to the development and growth of the spermatozoic germ.

If the spermatozoa be perfect and the conditions for their nutrition be favorable, the child will be perfect. Otherwise, if the spermatozoa be imperfect, no matter what the favorable conditions of the ovum may be, or how favorable the conditions for growth, the child will be imperfect.—*Atlanta M. & S. Jour.*

Operation for Cerebral Tumor.

The following case was reported by Dr. Victor Horsley, at the last meeting of the British Medical Association:

Family History.—There was nothing important, save that a paternal aunt died of consumption.

History of Present Illness.—He began, in January, 1884, to have "cramps" in the left thumb and fore-finger, these consisting of clonic opposition to the named digits, and occurring about twice a day for three months. The first severe fit occurred in March, 1884. Spasm spread up the arm, and the patient fell. He had the second in January, 1885. Then followed a series of remissions of the twitchings, until in August, 1885, another severe fit commenced a series of fits, occurring once or twice a week, until admission on December 4th, 1885. The character of the fits was almost always the same. They began by clonic spasmodic opposition to the thumb and fore-finger (left), the wrist next, and then the elbow and shoulder were flexed clonically, and then the face twitched, and the patient lost consciousness. The hands and eyes were then turned to the left, and the left lower limb was drawn up. The right lower limb was next attacked, and, finally, the right upper limbs. Paralysis of the left upper limb frequently followed a fit. At frequent intervals every day the patient's thumb would commence twitching, but progress of the convulsions could often be arrested by stretching the thumb or applying a ligature. In February and March, 1886, the twitchings frequently commenced in the face, but in April again the thumb was the most frequent seat of origin of the fits.

Present State. Motion.—The grasp of the left hand was 45; of the right, 85. He could perform all movements with the left upper limb, though those of the hand were rather enfeebled. The left thumb was frequently in a state of rigidity, alternating with clonic spasm. (This state could easily be induced by manipulating the thumb.) *Sensation.*—There was no affection, save loss of muscular sense (that is, sense of position, etc.) in the left thumb. *Deep Reflexes* were exaggerated in the left upper limb. The patient frequently had severe headache, beginning at the occiput, and shooting forward, especially to the right parietal region. The *Optic Discs* appeared to be normal, though very pink (physiological hyperæmia).

Diagnosis.—Dr. Beevor and myself have shown that the movement of opposition of the thumb and finger can be elicited by minimal stimulation of the ascending frontal and parietal convolutions at the line of junction of their lower and middle two thirds. Dr. Hughlings Jackson witnessed one of our experiments demonstrating this fact, and expressed his belief that this patient was suffering from an irritative lesion of unknown nature, situated in the part of the brain thus indicated. Confirmation of this opinion was to hand in the order of march of this spasm, which was in nature an arrangement in exact accord with the results of the investigation referred to. An exploratory operation was therefore decided upon.

Operation (June 22nd, 1886).—The seat of the lesion having been determined by measurement, the large trephine was applied, and on raising the dura mater, a tumor came into view. More bone was removed above and in front, so as to completely expose the mass to which the dura mater was adherent. The border of the tumor stood out about one-eighth of an inch from the surface of the brain, and it was much denser than the brain substance. It appeared to be only half an inch broad, but as the brain-substance all around it for more than half an inch appeared dusky and rather livid, I removed freely all the part apparently diseased. (As is shown in the photograph and specimen, this procedure was fully justified, since the growth spread very widely under the vortex.) Before closing the wound, the centre of the thumb-area was removed by free incision. This detail Dr. Jackson and myself had resolved to carry out in the possible event of there being no obvious gross organic disease, in order to prevent, as far as possible, recurrence of the epilepsy. Numerous vessels were ligatured, especially three or four at the upper border of the growth proceeding from the rest of the cortex, for the movements of the upper limb. The wound was closed as before. Five-sixths of it healed by the first intention in a week, in spite of the fact that there was considerable œdema of the scalp, due to the irritation by the carbolic gauze (removed speedily by changing the eucalyptus gauze). The remaining sixth, just at the lower border of the flap, gave way, and healed by granulation, after separation of a small piece of skin at the edge.

The patient has had no fits since the operation. The tumor was composed of dense fibrous tissue, with two caseated foci, microscopic examination proving it to be tubercular. —*British Medical Journal.*

Two Successful Cases of Pneumotomy.

Dr. Prengrueber has just performed a new and wonderful operation at the Trousseau Hospital in Paris. A child some 12 years of age was brought there to die of a disease of the lungs. The atmosphere of the room where she lay soon became so foul that none could approach her bed and the poor little girl cried for death during a whole week. Physicians hesitated, but, in consideration of the certainty of a fatal issue, the consulting doctors decided in the interest of science that an effort should be made to test the possibilities of Prengrueber's pet theory. Accordingly, the child was put to sleep and the operation performed, the diseased flesh and ribs being cut out and the lung tissues burned. This does not, of course, sum up the details of the operation, which occasioned no loss of blood to speak of. The result in three weeks was a return to health for the patient and great fame for Prengrueber, who is from Algeria and not quite 40 years of age.

(Hospital Saint André, Dr. Demons, Bordeaux.)—A laborer, 49 years old, received two wounds, one on the left thorax between the ninth and tenth ribs parallel with the intercostal spaces, was four centimetres long. The lung protruded from the wound, but there was neither hemorrhage nor subcutaneous emphysema. The urine early contained blood. The lung, becoming congested and finally almost gangrenous, was on the tenth day after the injury removed by Dr. Demons, with the ecraseur. No hæmoptysis followed the operation. Profuse suppuration ensued, the urine containing pus. High temperature continuing, with septic symptoms, led Dr. Demons to perform nephrectomy on the twenty-eighth day. The kidney was found broken down, and to contain a large abscess. The thoracic wound was closed with silver sutures, and a drainage tube inserted in the lumbar incision. This was removed in about two months. The patient entirely recovered. —*N. Y. Med. Times.*

NEWS FROM THE COLLEGES.

Boston.

UNIVERSITY SCHOOL OF MEDICINE.

Prof. Southwick says:—Women, as a rule, do not recover from criminal abortion as well as from natural causes, on account of traumatism subjecting the patient to increased risk from pelvic cellulitis and peritonitis.

The Murdock's Hospital, now in full operation, furnishes free surgical attendance to women. Both schools are represented, each having the care of fifty free beds. Not enough time has elapsed for statistics for comparative results of treatment, but it is certain that patients recover from surgical operations in less time in the homœopathic wards.

Dr. Horace Packard, chief of homœopathic surgical staff, lately performed Battey's operation for the relief of an uterine fibroma. Careful dissection saved the bladder from injury, it being displaced high above the pubes.

Those interested are invited to consider Prof. Wesselhoeft's idea of attenuating drugs. He says:—There is no law whereby we use the decimal and centesimal scales in attennating drugs. The division of the drug when carried from one potency to the next is too great, and does not admit of the use of intermediate potencies.

Thus, one part of the 2x. represents the one-one-hundredth part of the drug, and the 3x. represents the one one-thousandth part. Is there no use for the one two-hundredth or the one five-hundredth part of the drug? These intermediate attenuatious may be obtained by employing the scale of drop for drop,

Dr. Hayward has no doubt that the operation of the future for gun-shot wounds of the abdomen will be to open the abdomen, as in ovariotomy, and directly repair the wounded parts.

For progressive muscular atrophy, Prof. Smith recommends forced feeding, with skillful massage.

During an operation on the face at the hospital, the pencil of the thermo-cautery came in contact with the fringe of the ether cone held by an assistant. Immediately the cone was in flames; at this moment ether from the bottle was accidently spilled on the hand holding the cone ; ignition resulted in a severe burn of palm, thumb and wrist of left hand. Treatment.—Immersion daily in warm water containing merc. cor. solution (1 to 2000) followed by carbolized cosmoline and bandage.

One of our surgeons recommends for burns olive oil and white of egg, equal parts. Another says it should not be used unless containing some antiseptic, as it is fertile soil for the multiplication of germs.

Prof. Smith relates the following true story to enable the students' minds to arise for a moment out of the midst of chronic lead-poisoning:—During the summer a lady was brought to death's door by typhoid fever. Recovery was slow, and marked by a peculiar state of mind:—She must be told when to arise from sitting, when to walk and when to sit down, often requiring to be gently pushed. Suddenly the cloud passed away, leaving the mind clear and bright. She thought she had been in Hades since losing her mind, and her attending physician had been the Devil. [Was he an allopath?—Ed.]

Two very interesting cases of hydrocephalus have appeared at the dispensary for treatment. One is eight months, the other two years of age. The head of each measures twenty-four inches in circumference. Not of the same family.

The students have been strongly urged by Prof. Smith to consider the relation of plumbum to Bright's disease of the kidneys.

Ann Arbor.

A case in the clinics which was diagnosed "Incipient Phthisis," by Prof. McLachlan, a few weeks ago, has greatly improved under the influence of phosphorus 6 x.

Plaster of Paris casts, or jackets, have been frequently brought into requisition this winter, in our clinics, for the relief of deformities and to assist in effecting cures in spinal and other troubles. The students receive practical instruction in regard to the manner of applying the casts, the points to be observed and the ones to guard against, from Prof. Obetz, who is anxious to have his graduates posted in all things mechanical, as well as to be good therapeutists.

Prof. McLachlan does not believe that painting the parts in cases of erysipelas does any good or prevents the disease from spreading.

A case of Pott's disease of the spine, a few days ago, in the clinic, was the means of illustrating the immediate relief experienced from the application of a plaster jacket. The

patient came into the amphitheatre walking with his hands upon his knees, thus trying to relieve his pain by producing extension of the spine, and he went out walking upright and with a smile upon his face. This was a case of three years' standing.

In his excellent lectures on physical diagnosis, Prof. McLachlan gives the following hint: always when examining a child for lung troubles listen to the sounds through the posterior wall of thorax, for the child will nearly always alter or control respiration if examination is being made anteriorally.

The regents of the University have granted permission to Prof. Obetz to remove to Detroit, where he can benefit the cause of Homœopathy by taking charge of the surgical department in the new McMillan and Newberry hospital, to be established at that place. The Prof. will, of course, continue to hold his position at the University.

Prof. McLachlan says; always examine the hearts of patients who complain of rheumatism; for organic diseases of that organ are liable to produce rheumatism or will often accompany a long-continued attack of the latter.

Philadelphia.

"The cradle of Homœopathy" was seen to rock convulsively, a few days ago, and the cause was ascertained when it was found that Prof. Gause was quizzing his class in Obstetrics. These events are always interesting and instructive, and are enjoyed alike by teacher and students, especially the teacher. On this occasion, he asked a member of the senior class the following: "What are the rational signs of pregnancy?" "Those signs that we've seen before, in pregnant women," replied the student. "What do you mean by a sign that you have seen before?" asked the professor. "Well," answered the young man slily, "an enlarged abdomen is a sign that we always see *before*, in women who are pregnant. (About four minutes rest was allowed for proper relaxation of the orbicularis oris).

Prof. Goodno instructs that follicular tonsilitis is a highly contagious disease. Having a case, recently, of a boy suffering from this malady, and who was visited by four others coming from localities free from it, but very soon after returning to their respective homes, each became sick with the affection.

From attending various hospitals and surgical clinics we imbibe the idea that it is an essential in surgical ethics that a patient be gorged with a feast *nothing*, upon the day he is to undergo an operation. We have frequently heard the operator say: "Have this patient in proper condition for etherization at next clinic" (at 1 or 2 P. M., as the case might be) "give him nothing to eat previous to operation "that day." Our physiologist, very reasonably, asks us to believe that at no time is the system so well supplied with blood as after the digestion of a meal; and carrying the principle forward, we might add, that the better the meal the better the supply, and greater the quantity of blood. And one might naturally suppose that a surgical operation performed at this time would give a man more chances for life than if performed at any other. We do not claim to understand much about "shock" after operations, but we believe that cessation of function, partial or complete, in the vaso-motor system has something to do with it; and if this is so, the *quantity* of blood is a matter that might be worthy of consideration. We do not, of course, presume that surgeons forget their physiology, but we sometimes find ourselves marveling that the patient, instead of fasting for fifteen hours, is not instructed to "brace up" on a good square meal, say about three or four hours before the operation.

The Heart was the subject of a recent lecture delivered by our Professor of Physiology; and in the midst of it he received a note from one of the freshmen asking for information in regard to locating the apex of a *sweetheart*. The lecturer very sagely advised the young man that it would be advisable for him to desist in his efforts to locate the *prominent points* in the anatomy or physiology of his sweetheart.

Though not blessed with a *penchant* for "reporting cases," we think the following worthy of note: A case of *vodent ulcer cured* by thuja, *internally*; no external applications. To many who know how obstinately these cases resist treatment, the first thought will be: "An error in diagnosis." It is perhaps an axism, that no diagnostician is infallible, but this fact seldom occurs to us when C. M. Thomas diagnoses the case. He presented the patient, a superannuated lady, at a clinic. The ulcer involved a portion of the cheek, nose, and forehead. The patient had had operative and medicinal treatment previously, but the ulcer still existed and as one portion continued its eating another portion

healed, leaving a wake, such as strongly characterizes lupus. The professor prescribes thuja 6x and ordered the tincture as local application. Three weeks later, when the patient returned with scarcely a vestige of the ulcer remaining, the doctor admitted that he was inclined to be skeptical, and would fain have attributed the result, in part, at least, to local treatment, but when he learned that the patient had been provided with *no* local application, there being no tincture on hand, and that *no local treatment* had been resorted to, not even "picking off the scab," he graciously acknowledged "one more score for thuja."

In his practice of obstetrics, Prof. Mitchell takes the following precautions to prevent cracked nipples: 3 ounces of strong solution of *tannin*, ½ ounce of glycerine; several drachms of water; mix and apply to breast for some weeks before parturition. He also recommends that before labor the breasts should be moistened and exposed to air, from time to time, and thus gradually become inured to the conditions to which they are subjected while nursing. Since resorting to these preventive means he has never had a case of cracked nipples.

Chicago.

Hahnemann.—Prof. Hall says it is *always* well to stay bandages by strips or adhesive plaster.

Prof. Ludlam says too much care in the use of the uterine sound cannot be taken. In the hands of the ignorant it is a very dangerous instrument, when it might be made one of the most useful.

Prof. Leavitt says chloroform predisposes the patient to postpartum hæmorrhages, and not to give it except in the last stage of labor. Also, that chloral seems to regulate pains in *some* cases of labor where the woman is rather nervous and pains irregular. He does not think it advisable to give ergot in first stages of labor.

Prof. King says, in his cards on urinalysis, just published, that the new thymol test of sugar in urine is as follows: ½ to 2 c.c. of suspected urine are treated with 2 drops of a 15 or 20 per cent alcoholic solution of thymol, and the mixture shaken: slight turbidity is produced from precipitation of a little thymol. Sulphuric acid is now added in quantity equal to or even double the volume of fluid, and the whole briskly shaken. In the presence of sugar a deep red from cinnabus to carmine is produced. Diluted with water brings the color of carmine, and after a time a flocculent precipitate separates which dissolves with pale yellow color in alcohol, ether and caustic potash, but bright yellow in ammonia.

This test is of surprising delicacy. Normal urine containing enough sugar to give a marked reaction, and when diluted 300 times its volume of water still shows it, but fails when diluted 400 or 600 times its volume of water.

To apply the test to the detection of diabetic urine, the suspected specimen must be diluted with from 400 to 600 times its volume of water. Here normal urine gives no reaction but diabetic urine shows it strongly.

Chicago Homœopathic.

Prof. Pratt recommends the use externally of the fluid extract of Sanguinaria Can. in lupus. The hardened masses should first be removed with warm water and then apply the Sang. Internally may be given Kali jod., but the Professor thinks the Sang. is sufficient.

Prof. Hobart speaks very highly of ipecac in many nervous diseases, especially of its use in cerebo-spinal meningitis. Says it is not used often enough by the profession.

For diphtheria at puberty, where digestive disorders have been preceded with anæmia, etc., Prof. Woodward recommends the use of ferrum acet. The digestive disorders will be found at the root of the trouble. The cutaneous symptoms, respiratory, motor and sexual symptoms in order of importance.

For fibroid tumors of uterus Prof. A. G. Beebe speaks very highly of the internal use of *Iodide of Lime*. Not the calc. jod., but a preparation of *iodized lime*. He has cured numerous cases of uterine fibroids with this preparation.

℞ Iodide of lime, grs. V.; aquafortis, O ss. Dessertspoonful 3 times per day. Continue the use of the remedy for some length of time.

Prof. Grosvenor successfully used asclepias syriaca in post-scarletinal dropsy, with urine nearly suppressed. In a short time after giving the remedy the flow of urine was greatly increased and the dropsical symptoms quickly disappeared.

Prof. Streeter says that three-fourths of all uterine diseases and displacements result

from a want of proper attention, or care, during menstruation, and that this is the most potent cause of the physical degeneracy of American women.

Prof. Foster's fovorite for the constipation of pregnancy is a tablespoonful of flaxseed (whole seed), soaked over night in a half glass of cold water, this to be drank by the patient on arising in the morning. Relieves over 95 per cent. of this class of cases. The amount of flaxseed may be increased to two or three times the above measure.

Prof. Grosvenor says that the use of the bandage and pinning-blanket as a part of the baby's dress is the prime cause of nine-tenths of all hernia, and furnishes a predisposing, if not an exciting cause, to gastritis and weakened heart action, weak lungs, and many other ills to which flesh, especially baby flesh, is heir. He advises the use of a light bandage, secured with two safety-pins, which is to be discontinued so soon as the cord has sloughed off. In 22 years he has a record of only one case of rupture resulting from this line of treatment, a case of hereditary syphilis which was "not made to hold together."

G. W. Coffman, of Carrolton, Mo., has been elected valedictorian of the senior class.

Cincinnati.

In Prof. C. E. Walton's last lecture he discussed the subject of pyæmia and septicæmia. They are both "blood-poisoning" with this distinction: Pyæmia results from introduction of the corpuscular elements of putrefaction; septicæmia, from the chemical products of that process.

Pyæmia results from phlebitis or similar conditions; temperature 101° to 103°. Septicæmia most frequently to be found in childbed from absorbtion of chemical products of putrefactive changes; temperature 104° to 105°.

The professor also believes that septicæmia is sometimes induced from the hands of the *accoucheur*, there being under the nails or elsewhere on the hands of the negligent physician, the poison from which the infection ensues.

Young blood is not all that is hot as evidenced this week in Prof. Pauly's clinic by an octogenarian presenting for inspection and treatment, three new and blooming chancroids, with the usual accompanying history.

Prof. Crawford in a side talk stated that in the practice of a physician of his acquaintance, a man of years and experience, there had never occurred a case of *post partum* hemorrhage, and that doctor ascribes this to a fixed habit of *not* hurrying the expulsion of the placenta and membranes, and *never* making forcible traction by the cord.

From Prof. Buck comes the statement that he can attest from actual personal knowledge and experience, the efficacy of vapor baths taken daily or less frequently in obstinate cases of epilepsy.

Prof. Eaton has on account of ill-health resigned the chair of gynæcology. His place is taken for the rest of the year by Prof. D. W. Hartshorn.

The faculty committee on appointments has made choice of H. A. Ward for valedictorian for the class of '87.

St. Louis.

In a recent lecture on Cuprum, Prof. Kent said: "Some of you will go to the South to practice and will have more or less experience with cholera. In this disease the most frequently indicated remedies are Cuprum, Verat. alb. and Camphor. They all have symptoms in common, yet there is enough difference to clearly distinguish one from another. The most prominent symptoms indicating Cuprum are the violent cramps of the extremities and chest. Cuprum, also, has the rice-water discharges peculiar to cholera, the coldness, profuse perspiration and prostration. If you have a case in which the discharges constitute the most prominent feature — perspiration cold, profuse, drenching, and diarrhœa as if all the fluids in the body were draining away through the intestines, and in addition to this constant vomiting of fluids, if these symptoms predominate, although you may have the cramps and the coldness, Veratrum is your remedy. On the other hand, if the coldness predominates, if the patient though he is as cold as ice cannot bear to be covered, is worse from heat and during the hot stage wants to be covered warmly, although the symptoms may be present which characterize the other remedies in a mild degree, don't forget Camphor. Now you see how these three remedies run together. In Cuprum the cramps predominate. When the coldness is most prominent Camphor is indi-

cated, while Veratrum is indicated by the profuse perspiration and other discharges.

Once in a while, when the vomiting and pains are all gone and the patient seems at death's door, you will have to distinguish between Arsenicum and Carbo veg. If you repeat these remedies you will never cure your patient. *Absolutely one dose is the best.*

Now, is this information of any value to you, or will you disregard it? Will you cure them, or will you let them die easy under the influence of hypodermics of morphia?"

About a year ago, the class was invited to witness an operation by Prof. Parsons for hip joint disease. The patient, a boy of twelve, was so reduced by the exhausting discharges, by constant diarrhœa and hectic fever, that the operation was undertaken as a dernier resort, without much confidence as to its success. The operation consisted of sub-periosteal exsection of the head, neck and four inches of the shaft of the femur, the entire acetabulum and ischium, and part of both rami of the pubis. Immediate improvement followed. The patient now has very good use of the limb, can flex and extend, abduct and adduct the thigh and can bear his weight on the limb. There is shortening of three inches.

A similar operation was performed by Prof. Parsons before the class this session, but as it is recent the result cannot be given at this time.

Iowa City.

In his lecture on the treatment of diphtheria, Prof. Cogswell lauds very highly the action of eupatorium perf : — in the initial chill of the disease. He prescribes 15 grs. in a teaspoonful of water for children and 3 ss. for adults; if perspiration not induced in half an hour repeat the dose.

This treatment has been severely criticised, but his clinical experience has borne out his belief that it cuts short the disease and lessens its severity.

Baptisia and nitric acid are also favorites, given according to indications. He also recommends strong coffee with or. without milk and sugar, claiming that it to a greater or less extent antidotes the diphtheritic poison.

Prof. Dickinson considers nux vom. 2 c. almost a specific for old cases of tertain form of intermittent, when it occurs periodically every spring or fall. Besides the gastric derangement the key-note symptom is "when fever begins the least effort to uncover patient brings on a chill."

Many times has he verified the above as also natrum mur. 6 x. when the chill comes on about 10 or 11 A. M.

Prof. Cowperthwaite in a recent lecture on pulsatilla, in connection with parturition, casually observed that the wiser plan is to detach the placenta with the hand and not wait the action of remedies to expel it. The presence of the hand in the uterus, he says, will bring on contraction and so prevent hæmorrhage. Time and suffering being saved thereby.

Prof. Clapp (O. S.) prophesies that the "lost art" of venesection will be revived in the next ten years.

An interesting case was presented at our surgical clinic of December 10th of a child 7 months old minus both patellæ, and club-footed.

Minneapolis.

The class is still increasing in numbers, and our infant college is evidently a success.

Some of the college faculty will visit Chicago during the holidays. Several students will visit distant homes.

In a recent lecture on practice, Prof. Ricker spoke of the prevalent idea that measles needs only to be kept warm so as to bring out the rash. He considers it not only highly contagious, but very grave, especially when complicated, as it so often is, with other maladies. He says there are more deaths from measles than from both diphtheria and scarlatina. He advises careful isolation of the patient, which should be continued for some time after apparent recovery. After desquamation the use of warm baths and oil on the skin tends to prevent infection.

Prof. Ripley holds the same opinions in regard to the dangerous character of the disease, and thinks all houses containing meas patients should be placarded. Also spoke of the efficacy of ipecac for retarded eruption of measles.

Prof. Hall thinks there is mischief in the popular belief that "if homœopathic medicines do no good they will do no harm." He believes that even homœopaths often produce aggravations by overdosing. His practice is to give one carefully selected remedy, in few doses, and usually in high attenuations.

CORRESPONDENCE.

From the ERA's Regular Correspondent.

OUR PARIS LETTER.

PARIS, Nov. 8, 1886.

Editors Medical Era:—I will try to give you a brief resumé of the second Congress of French Surgeons. Should any of your readers desire a more minute or complete translation of any paper, I will take pleasure in either sending it in a personal letter, or through the ERA.

The session was opened October 18th, with an address by the president, Prof. Ollier, of Lyons, followed by an encouraging report from the general secretary, Dr. Pozzi.

The first paper was presented by M. J. Reverdin (Geneva), on the "Study of Myxœdema following the Total or Partial Extirpation of the Thyroid Body." The clinical history of "Operative Myxœdema" and "Spontaneous or Idiopathic Myxœdema" is identical, and after reviewing statistics and his own experience, the paper gives the following conclusions:

1st. The accidents following the extirpation of the thyroid in the human species presents the general characters of the myxœdema or pachydermic cachexia, and, therefore, the term "operative myxœdema," presented by me in 1883, seems perfectly appropriate.

2d. The total extirpation of the thyroid body is not, invariably, followed by myxœdema. It is not infrequently absent in both adults and children.

3d. Operative myxœdema presented several forms; continuously progressive, progressive with remissions of languor or shorter duration; slight cases susceptible of amelioration, if not complete cure; slight and aborted cases.

4th. A decided and continuous improvement may occur in the adult, even though the extirpation may have been total.

"I saw two slight cases in which there was an improvement almost equivalent to a cure. In these cases, long after the operation, small tumors developed in the region of the thyroid cartilage, which might indicate that the extirpation had been complete *surgically*, but not anatomically."

5th. A partial extirpation may be followed by myxœdema, in which case there is probably atrophy of the remaining portion of the thyroid body.

IMPORTANCE OF THE DAILY QUANTITY OF UREA IN ABDOMINAL SURGERY.

M. Thirar (Brussels).—Resumé.—Rules to be observed.

1st. Analysis of a specimen taken from a whole quantity passed in twenty-four hours; analysis must be repeated for ten to fifteen days to establish an average.

2d. The patient should present neither albuminuria nor tuberculosis, and the thermometer should determine the question of fever.

Thirar analyzed the urine in forty-six cases. The operations showed malignant tumors in all cases where the urea was less than 12 grammes daily. Benign growths, when above 12 grammes.

The cases cited were interesting, and showed that even with non-malignant tumors associated with great debility, the urea averaged 18 to 20 grs. daily.

INDICATIONS AND CONTRA-INDICATIONS OF LITHOTRITY.

Prof. Guyon, one of the most eminent surgeons of Paris, read a very interesting paper on the above subject. I will give his statistics and a few of his conclusions.

Prof. Guyon feels that the tendency is to unwisely neglect the operation of lithotrity. Especially unwise, since the rapid method of Bigelow has so greatly increased its possibilities. He has made 646 operations, with a mortality of 5.2 per cent. Analyzing the last 20 unsuccessful operations, he finds them aged, respectively, 81, 83, 86 years. All three succumbed rapidly without any special accident. Two, had each, a very large calculus, and the third (86 years) several large ones. Death was attributed to shock. Prof. Guyon reports 8 successful cases in patients 80 to 85 years of age. Desmos has accumulated statistics of 210 operations, by the rapid method, with a mortality of 6.11 per cent; 120 of the 210 were persons from 60 to 80 years old. Of the 20 deaths—in 12 of the 20—there was either a single calculus measuring 4½ to 6 centimeters, or several large ones, or a much larger number of medium and small-sized. One was a diabetic; one died from shock, aged 82; 10 died from nephritis, with or without cystitis. Of the remaining 8, in whom the calculi did not exceed 4 centimeters in diameter, 6 ranged from 3 to 4 centimeters, and 2 were multiple. Of these 8 cases, all died of nephritis, the disease developing the day of the operation in 4 cases; on the 10th, 11th,

13th and 17th day in the others. In 2 there was clear evidence of cold, 2 of nephritic colic, and in the 4 others a previously existing nephritis was aggravated.

He has operated in 23 cases in which the calculi measured 5 to 6 centi. in diam.— 20 recovered rapidly; 3 died, of whom, one had an extremely irritable bladder, one an enlarged prostate, and one from cold.

His contra-indications are:

1. Extreme size of calculus (more than 6 cent.)

2. Immobility of calculus.

3. Extreme density or hardness or large number.

4. Constriction of urethra (less than 5 to 5½ m.)

5. Contraction of bladder.

Aptitis is not considered a contra-indication, as in three-fourths of the cases the inflammation rapidly disappeared after the operation.

Oct. 19, Morning Session.

This session was devoted to the subject of tetanus. Many theories were advanced as to cause; very little was promised as to treatment.

M. Vaslin believes that tetanus is of nervous origin and a patient wounded or after an operation should be protected from all emotional excitement. The tetanic patient should be treated by isolation, high temperature, antispasmodics and nourishment.

M. Balestreri, also believes tetanus to be a neurosis and in six cases treated reports three cures by tartrate of antimony.

M. Thirar, reports 4 cases following ovariotomy, and believes in contagion.

M. Maunoury, does not believe in the theory of contagion; gives 7 personal observations, 30 of other medical friends and 150 from veterinarians to disprove the theory.

M. Verneuil believes in the parasitic theory and as glanders comes from the horse and trichina from the hog, so he believes tetanus has its origin in the horse and is communicated to man and other animals. His conclusions are based:

1st. On such facts as have been reported by Larcher, Builly and Ceremini, and facts coming from neighborhoods where horses have had tetanus.

2d. The fact that tetanus is more frequent from wounds made by horses' bites and contusions.

3d. The fact that horse dealers, grooms, etc., are often the subjects of the disease.

4th. That wounds coming in contact with the earth are more frequently complicated by tetanus.

M. Doyen has been able in a few instances to obtain cultures of the staphylococci from the granulations of the wounds, and from nerve centers. Believes in contagion.

To be continued.

Recurrent Diphtheria.

Editor of the Medical Era:—I have been much interested in the discussion of the question whether one attack of diphtheria confers immunity from others. In Arndt's System of Medicine, Vol. III., p. 543, in my article on diphtheria, after considering the subject at some length, my own views are thus expressed: "A mild attack of simple diphtheria may possibly recur, but I have no hesitation in saying to my patients who have suffered severe attacks that they may dismiss from their minds all fear of its recurrence. It is no more likely to attack them the second time than is scarletina or variola."

Squiers says (Reynolds, System Medicine, Vol. I., p. 64): "When the fully formed disease has been undergone . . . . independent recurrence is rare."

The late Prof. N. F. Cook, whose keen power of observation all who knew him will attest, stated at the meeting of the Illinois State Homœopathic Medical Association, held at Freeport, that he had never known a well marked case to be followed by recurrence. I am glad, also, to know from your articles, that such excellent observers as Prof. R. N. Foster, Dr. Whitman, of Belvidere, and others, confirm my views by their own experience.

It should be said, however, for the benefit of those who hold to opposite views that they are sustained by such high authority as Jacobi and Loomis in this country, Gull and Greenhow in England, and Oertal in Germany.

J. S. Mitchell, M.D.

OBITUARY.

ALVAN E. SMALL, M.D., died, Dec. 31, 1886, at his residence, No. 3319 Rhodes Ave., in the seventy-sixth year of his age, of apoplexy.

At a joint meeting of the trustees and faculty of the Hahnemann Medical College and Hospital, Jan. 1, the following resolutions were adopted:

Whereas, After a long and eventful life it has pleased Divine Providence to remove from our midst Prof. A. E. Small, M.D., for so many years president of the board of trustees, and an active member of the faculty:

Resolved, That in his death the trustees and facuity have met with an irreparable loss.

Resolved, That during the long term of his professional life, his reputation as a teacher and as a practitioner has been without a parallel.

Resolved, That having enjoyed the benefits of his counsel and his labors during the almost thirty years of its existence, this institution, its trustees, its faculty, and its alumni are sorely bereaved by his death.

Resolved, That we not only wish to express our appreciation of his professional worth, but also his sterling qualities as a man, a neighbor, and Christian gentleman.

Resolved, That we tender to his bereaved widow and family our warmest sympathy and respect in this their great affliction.

At a special meeting, held January 1, 1887, the Faculty of the Chicago Homœopathic Medical College passed the following memorial resolutions on the death of Dr. Small, of this city:

Whereas, A. E. Small, M.D., one of the oldest and most respected members of the homœopathic medical profession has been summoned by death from his field of labor.

Resolved, That we, the Faculty of the Chicago Homœopathic Medical College have heard with deep regret of the sudden decease of Dr. Small, and desire to express our sense of the loss sustained not only by the community in which he has so long practiced, but also by his co-workers in the cause of homœopathy throughout the country.

Resolved, That by his forty years of unswerving devotion to professional duty, by his great acquirements, zeal and ability, as well as by his personal kindness and integrity, he has established for himself among us a perpetual remembrance, and left us an example worthy of all emulation.

Resolved, That we extend our sincere sympathy to his bereaved family and friends, and that this Faculty shall adjourn college labors until after the funeral, and attend the obsequies of the deceased in a body.

Resolved, That a copy of these resolutions be sent to the family of the deceased and to the homœopathic journals for publication.

THE *Century* for January contains the usual variety of interesting reading, while the illustrations are of the character that has made American art so famous.

IT is well known that the ERA is modest, and not given to boasting, but the way in which subscriptions are flowing in, accompanied by many compliments, is a source of supreme satisfaction.

NEW REMEDIES.—The ERA desires to keep abreast of all medical topics, especially of materia medica. We, therefore, solicit our readers to contribute to our pages any new provings, or clinical cases, bearing on the uses of any new or unique medicine. We particularly desire contributions relating to Adonis, Convallaria, Damiana, Epiphegus, Onosmodium, and Strophantis.

THE new *Scribner's Magazine* has just made its appearance, attractive in form, neatly illustrated, and filled with interesting matter. Its table of contents, if it can be accepted as an index of what is intended, shows that it will occupy a place midway between the lighter magazines and the quarterlies, for comparatively little space is devoted to fiction and poetry. Most of the articles are in the nature of social, political, and historical essays.

PERSONALS.

Dr. A. E. Neumeister has removed from Milwaukee, Wis., to Kansas City, Mo., where he has an office at 1103 Main Street.

Dr. Wm. M. Wilkie has removed to his new office at No. 273 N. May Street.

Dr. Howard Crutcher was elected an honorary member of the Southern Homœopathic Medical Association.

Dr. Henry Sherry has retired from the editorial chair of the *Medical Current*.

Dr. B. F. Underwood, of Brooklyn, is the new editor of the *American Homœopathist*. Shake!

Dr. H. W. Osborn, of Cleveland, O., stopped in Chicago on his return from Kansas, where he was called to visit a patient.

BOOK REVIEWS.

The Physician's Manual of Simple Chemical Tests. Part II. Constituents of Urine. By Clifford Mitchell, A. B. (Harvard), M. D., author of Student's Manual of Urinary Analysis; Chemical Significance of the Urine; Practitioner's Guide in Urynalysis; Physician's Chemistry. Chicago: Gale & Blocki. 1886.

Among the many manuals of urinalysis, none that we have seen is so simple as this. Step by step, in the clearest manner, it teaches the normal and abnormal constituents of the urine, their mode of detection, and their clinical significance. It contains sections on the Physical Characteristics of the Urine; Their Clinical Significance; Detection of Albumin, with chances for error; Quantitative Estimation; Sugar; Bile; Sediments, etc., etc., until the whole ground is gone over in such a manner, and so simply, that one unfamiliar with the manipulations could follow them almost without other instruction. The book is gotten up in a neat and convenient form, and its very reasonable price should recommend it to all.

Transactions of the Thirty-ninth Session of the American Institute of Homœopathy. Held at Saratoga Springs, N, Y., June 28 –July 2, 1886. Edited by the General Secretary, J. C. Burgher, M. D. Pittsburgh: 1886.

This handsome volume has made a prompt appearance, and in quality it will bear favorable comparison with any of its predecessors. It is well known that the meeting of which this is a report was one of unusual interest, and here we have, in cold print, a record of all that was said and done. But each time that one of these volumes is placed in our hands it gives rise to the reflection that there should be some method of giving it to the profession while the interest in the subject-matter is still active. Coming, as it does, many months after the adjournment of the meeting, it may, we think, be safely said that there are few who read any of the papers except their own. However, it makes an excellent book of reference, and as such, aside from its historical value, it is of interest to the entire profession. Secretary Burgher has done his work well.

American Medicinal Plants. An Illustrated and Descriptive Guide. By Charles T. Millspaugh, M. D. Illustrated from Drawings by the author. New York: Bœricke & Tafel, 1886.

Fascicle V. of this most excellent work has now come from the press, and it completes one of the most valuable and praiseworthy enterprises undertaken by any American publisher. It contains colored plates representing the principal medicinal plants made from original designs drawn from nature. Accompanying the plates is letterpress giving the Description, History and Habit, Part Used, Method of Preparation, Chemical Constituents, and Physiological Action of each plant. The price at which the work is sold is exceedingly reasonable, and should tempt any physician to add it to his library.

Handbook of Practical Medicine. By Dr. Hermann Eichhorst, Prof. of Special Pathology and Therapeutics, and Director of the University Medical Clinic in Zurich. Vol. III. Diseases of the Nerves, Muscles and Skin. 157 wood engravings. New York: William Wood & Co., 1886.

There is one thing for which Dr. Eichhorst's handbook is especially valuable, and that is, it contains the results of the very latest discoveries in medicine and the collateral sciences. In this day of rapid advancement any book is soon out of date, but here is a fresh work containing the result of the labors of Charcot, Koch, and other investigators. This is enough to indicate the value of the work to the student of medicine. Volume III., the greater part of which is devoted to diseases of the nervous system, forms as complete and reliable a treatise on this subject as can be found in any recent work, and there is nothing that is "out of date."

The *Sanitary Era* is a journal devoted to matters of sanitation which may be of special interest to the people. As increased attention is being given to all matters connected with hygiene and the preservation of health, it has a wide field for usefulness, which it promises well to fill. It is published in New York and Chicago, the western department being in charge of Dr. C. W. Conant.

FACETIÆ.

"Hello, I want some room to store a load of salt."

"Well, I think my father can accommodate you; he has plenty of salt-rheum on his hands."

MOTHER:—"Now, Marie, stand up straight and let the doctor see how crooked you are."

PATIENT:—"For Heaven's sake, doctor, you will kill me with your water-cure."

DOCTOR:—"Oh, that's nothing, its healthy."

DOCTOR (operating on an old toothless woman):—"Just clench your teeth together good and hard and you wont feel it so much."

DOCTOR:—"How do you sleep nights, sir?"

PATIENT:—"I cannot sleep at all at night."

DOCTOR:—"Have you no rest at all? What is the cause of your sleeplessness?"

PATIENT:—"I am a night-watchman."

DOCTOR (to wife):—"Madam, your husband is in the greatest danger. His hands and arms are already very red. He has a malignant form of scarlet fever."

WIFE:—"My husband is a dyer, doctor, and he used red dye this morning."

DOCTOR:—"Hm, then perhaps I can save him yet."

Chacun a Son Gout.

Said Physic to a Gourmand old,
"Be careful of your diet, man;
Rich food in great contempt I hold,
And therefore lay it under ban.
This good advice you'll never rue."
Said Gourmand, "Chacun a son gout."

"You have your likings, I have mine,
'Each to his taste', the legend says,
High living, spiced with good old wine,
Has been my habit all my days."
"Ah, then," said Physic, "can you doubt
'Twill not be "Chacun a son gout?"

IF you will permit a reference to the article "Can a male bear children?" for the satisfaction or interest of any of your readers who may be in doubt, if they refer to *Montgomery on Pregnancy* (1857), page 302, bottom of page, they will find a "case of a fœtus found in the abdomen of a young man," by Nathaniel Highmore. The fœtus is deposited in the museum of the College of Surgeons in London.—*Med. World.*

[That's all right, but it fails to explain who deposited it in the abdomen of the young man.—ED. ERA.]

A PATENT-MEDICINE man sent a bottle of his "specific" to a man in Milwaukee, and after a suitable length of time had elapsed, sent him the following letter:

Dear Sir:—Please write over your own signature what effect the medicine had on your wife.

He received the following reply:

Dear Doctor:—I gave my wife one dose, and it nearly killed her; a second dose would have finished her up. I have tried to get her to take more, but she positively refuses.

Yours truly,
ALEXANDER WHYTE.

The doctor never published this among his testimonials.

First Aid to the Injured.

The following rules are easy to remember, and likely to prevent serious results in many cases of accident:

1. Broken arm — Apply a bandage between the humerus and funny bone. This is no laughing matter.

2. Blind staggers — If a blind man staggers, take him home and put him to bed. He will sleep it off.

3. Black eye — Call "Time" and offer to shake hands. This is precautionary rather than curative.

4. Malaria — Give the patient complete rest, change of scene, and foreign travel, until the arrival of a competent physician.

5. Poisons — Place the sufferer in an easy position, and then send for a lawyer to draw up his will.

6. Mumps — Inform the sick man that he is too cheeky. This puts him in that cheerful frame of mind that is always indispensable to recovery.

7. Bite of a mad dog — Shoot him (the dog). The smaller the dog and the bigger the gun, the more radical the cure.—*Fireman's Journal.*

THEY SAY

THAT we wish you H. N. Y.

THAT it's time to square accounts.

THAT *damiana* is a rather queer name.

THAT alcohol is the great degenerator.

THAT bakers are peculiarly liable to dental caries.

THAT the New Orleans meeting was a lively affair.

THAT mica spectacles make good eye-protectors.

THAT a woman in Michigan kicked a bear to death.

THAT glonoine is an excellent remedy for epilepsy.

THAT the cholera is now epidemic in South America.

THAT there can be Bright's disease without albuminuria.

THAT a woman in New York dislocated her jaw while vomiting.

THAT diseases can be communicated by kissing. Who cares?

THAT you'd better pay for your ERA before you eat your breakfast.

THAT carbolic acid, as an antiseptic agent, has fallen into disrepute.

THAT the average pulse-rate of a horse is 35 to 40 beats per minute.

THAT the multiplication of dispensaries means death to young doctors.

THAT a new $300,000 homœopathic hospital has been opened in New York.

THAT a man in New York stood too near a lamp and his breath caught fire.

THAT the goods of a patent-medicine man are always a drug on the market.

THAT the fair in aid of the Pittsburg homœopathic hospital netted $12,000.

THAT the average income of physicians in Kansas towns is $500 a year.

THAT the gynæcologists are in the "abdominal epoch" of gynæcological surgery.

THAT a man may talk and talk and not be a bore if he will only talk about you.

THAT a Vienna tailor shot his doctor because he gave a grave prognosis in his case.

THAT the latest as well as the oldest and most reliable "specialty" is "general practice."

THAT the application of the tonsillotome is the best remedy for hypertrophied tonsils.

THAT in Central Africa a wife can be bought for $15, and it costs nothing to clothe her.

THAT a medical student in Vienna who was destitute and starving, committed suicide.

THAT both the St. Louis and Philadelphia colleges opened in new buildings this session.

THAT convulsions may sometimes be cut short like magic by turning the patient on the left side.

THAT the new-born child should be anointed with vaseline before the vernix caseosa has time to harden.

THAT if a woman with syphilis becomes pregnant, it is fatal to the fœtus in three-fourths of the cases.

THAT the meeting of the Southern Association at New Orleans was as big as the World's Convention at Basle.

THAT in Russia a doctor who refuses to attend a sick person when summoned, is subject to fine and imprisonment.

THAT the tonsils are for the purpose of reabsorbing certain constitutuents of the saliva in the intervals of meals.

THAT ergot is a drug which rapidly deteriorates, and only a fresh preparation will give good results in practice.

THAT a doctor in the practice of his profession should never appear to be anxious, however great his anxiety may be.

THAT a baby in Philadelphia that was fed on elephant's milk gained 56 pounds in two weeks. It was the elephant's baby.

THAT calcium oxalate is sometimes found in cases of nerve degeneration, especially when the brain is the organ affected.

THAT in Central Asia little girls, just before menstruation begins, are spayed, and then brought up as house-servants.

THAT Queen Victoria, when she was three months old, was the first member of the royal family who was ever vaccinated.

THAT doctors who spend four years in their medical studies meet with greater success in business than short term graduates.

THAT epilepsy can be cured by an operation on the brain. Now there is hope for the mugwumps if their brains can be discovered.

THAT if a woman acquires syphilis during the fourth, fifth or sixth month of pregnancy, it will be fatal to the fœtus in one-half the cases.

THAT "cuticura" consists of petroleum jelly colored green, perfumed with oil of bergamot, and containing two per cent. of carbolic acid.

THAT a solution of strophanthin, one part to 10,000,000, brought into contact with a live frog's heart will stop its beating in twenty minutes.

THAT the genitals and tonsils are closely related. Is there any organ of the body with which the genitals have not been said to be related?

THAT instead of there being but 400 homœopathic physicians in the South, judging by the noise they make, one would think there were forty thousand.

THAT fomentations of hot water containing carbonate of ammonia will often abort threatened mammary abscess. Use an ounce of ammonia to a pint of water.

THE MEDICAL ERA.

CHICAGO, FEBRUARY, 1887.

JAMES E. GROSS, M.D., CH. GATCHELL, M.D., } *Editors.*

THE GREAT DEGENERATOR.

A moderate dose of alcohol acts as a temporary stimulant; in large doses it is a narcotic poison; its long-continued use produces degeneration of all the tissues.

It is only necessary to keep these facts in mind in order to form a just estimate of the value of alcohol in the animal economy.

In threatened collapse, or in a condition of heart-failure, alcohol may be advantageously called upon to exert its stimulant action. But beyond this it has no place in medicine, and in health it is pernicious in the extreme.

Alcohol does not add to one's powers of endurance, but it rather enfeebles them. It does not aid digestion, but retards it. It does not give warmth to the system, but it permits increased loss of animal heat. It does not fatten or build up the tissues, but it causes unnatural bloat or deposit of fat. It does not promote mental action, but it dulls and obscures the mind. It does not produce a "tonic" action; it only produces temporary stimulation, which is always followed by extreme reaction. It interferes with proper nutrition, and produces a tissue degeneration. It does not help one to resist disease, but it lessens one's powers of resistance. It does not give tone to the heart; it only causes temporary dilatation of the systemic capillaries, permitting a freer flow of the blood. It causes sclerosis of the liver and kidneys; it renders the arteries "brittle," and predisposes to apoplexy and paralysis. Thus it has gained for itself the well-merited name of "the great degenerator."

In his address before the New York Homœopathic Medical Society, its president, Dr. Henry C. Houghton, took for his subject the "Medical Ethics of the Use and Abuse of Alcohol." In a very able manner he defines the position which the physician should assume in relation to the use of alcohol. Although he speaks in very emphatic language, he does the subject no more than justice. When we consider the immense amount of evil for which this drug is responsible, and contrast it with the limited good it may at times accomplish, it is a question whether it would not be better had the Arabs never taught the world its manufacture, and if we had forever remained in ignorance of its use.

DOCTORS AND DIPHTHERIA.

From Pennsylvania, from Indiana, and from Chicago, come sad stories of physicians who, having attended patients with the diphtheria, have paid the penalty with their own lives. Within a few weeks past seven physicians have thus fallen victims to this fatal disease.

So do the members of our profession carry even their lives in their hands. This is one of the accidents connected with the practice of medicine to which all practitioners are liable And yet it is likely that the adoption of proper sanitary measures would, for the most part, prevent such infection. What these means should be, all are aware. It remains but to make use of them. And yet we cannot but feel deep regret for the loss of those who have fallen victims, even as a soldier whose comrade is killed in battle.

Medicine has its rewards, and it has its penalties.

XI.
THE DOCTOR TALKS.

"I KNOW a doctor who is equal to any emergency," said he. "It is impossible to take him by surprise. He is always calm, confident and smiling. He is never abashed. He will turn seeming defeat into victory at a moment's notice. Once, at the meeting of a State Medical Society, he pronounced a glowing eulogy upon a deceased member — a certain Dr. Thomas, of Centreville. He gave a brief history of the man's life and character, and dwelt at length upon his many virtues, concluding with a brilliant peroration in which he spoke feelingly of the close and warm relations which had ever existed between himself and the departed. As he sank to his seat, another member arose, and said:

"'Mr. President, I venture to remind the doctor that he has pronounced his eulogy upon the wrong man. Dr. Thomas of Circleville is alive and well — it is Dr. Thomas, of Middletown, who is dead.'

"'Oh!' exclaimed the eulogist, springing to his feet, 'that makes no difference; I am also well acquainted with Dr. Thomas of Middletown, and my remarks will answer just as well for him.' And down he sat."

* * *

"I know a doctor who has wasted greater opportunities than any other physician of my acquaintance. Since he began practice in Chicago, it has grown from a city of 250,000 to 875,000. But he has reaped little benefit from it. And yet, during much of that period he was more widely known throughout the country than any other Chicago doctor, and when families emigrated from other parts of the United States to enter into business in this great metropolis of the West, four out of five would be recommended, by their local doctors, to employ this particular Chicago physician. And they would do so, for you know that the good word of a colleague living in another part of the country is, to the laity, the strongest recommendation that any doctor can have. The patient thinks that if a doctor's reputation is such as to have extended to his native village, he must needs be a great and famous physician, and from that moment he is inclined to place in him the most implicit confidence. But, notwithstanding all these advantages; notwithstanding the fact that homœopathic doctors throughout the country, during the period of Chicago's most active growth, were sending hundreds of families a year to this child of fortune, they slipped away from him as fast as they came, and divided up among the profession of the city, and to-day this once-famous doctor, as poor as when he began, has drawn about himself a mantle, and the name of that mantle is *Obscurity*. And yet he has never been dissipated, and his name is free from scandal. But the secret of his failure is no secret at all. If you would learn what it is, ask anyone who knows him."

* * *

"I know a doctor who was called from his bed at two o'clock one night to go and seea child that proved to have a severe attack of infantile bronchitis. When he reached the house this is the story that the mother told:

"'Doctor,' said she, 'we are strangers in Chicago, and when baby was taken sick we didn't know whom to send for. My husband went around to the drug-store and asked them to call any good homœopathic doctor for us, and the druggist said he would do so. It was twelve o'clock before the doctor came. After examining the child he gave it a teaspoonful of a dark mixture that tasted very bad, and the baby had no sooner taken it than it threw it off its stomach. I said, 'Why, doctor, you are not a homœopath, are you?' 'No,' he replied, 'but that doesn't matter — I understand both methods, and know how to use homœopathic medicines.' Then he said that he would leave some Laudanum for the baby — that was the only medicine that would do it any good. As soon as he had gone I threw the Laudanum into the grate. My father was a doctor, and I learned from him that it was dangerous to give Laudanum to a child with its lungs all stuffed up. Then my husband went to the house of a gentleman with whom he is acquainted, and asked to be directed to a *homœopathic* doctor, and he recommended you.'

"This doctor carried the child through a critical attack of capillary bronchitis. 'And I want to know,' said he, 'how that mother would have obtained for her child the kind of treatment she desired it to receive — the kind of treatment on which it had been raised from infancy — if there were no such thing as a *homœopathic* doctor? If we should drop the name — as the mugwumps of our profession desire us to — how would people know whether they were sending for a man who would drug a little child to death, or one who

would carry it through its illness by the safe and mild methods of Hahnemann? This mother knew — if the allopathic doctor did not — that a child whose respiratory powers are already impaired, might be easily asphyxiated by a dose of Opium, and she had sense enough not to be made the victim of the druggist and drugger.'

"For my part," said the Doctor, "I am not ashamed of the name, and I shall be a homœopathic doctor so long as I live, if I can find one other fellow to keep me company. If the other fellow should die first, I would be content to remain the only homœopathic doctor in the world until my time came, and then when I crossed to the Golden Shore the first gentleman I would inquire for would be Samuel Hahnemann."

* * *

"I know a doctor who was treating a very young child, which, like the one already described, was suffering from a very severe attack of capillary bronchitis, and it was nip and tuck whether Death or the doctor would come out ahead. After fighting a hard battle for several days, signs of improvement showed themselves, and the doctor began to congratulate himself on having been successful in saving a case that, too often, results fatally. The extremities warmed up, signs of decarbonization of the blood were less marked, and the reappearance of the cough showed returning vigor, and an effort on the part of the little one to get rid of some of the accumulated mucus.

"But on his next visit the following morning, as soon as he looked at his little patient, the doctor saw that a marked change for the worse had taken place, for which he was at first unable to account. The child was lying quietly in its grandmother's lap, blue in the face, and almost asphyxiated. He made careful inquiries regarding the temperature of the room, and all other influences which might have been responsible for the change, but was assured that his directions had all been followed to the letter. Finally, the grandmother spoke up and said:

"'Doctor, everything has been done just as you ordered. We have not varied from your instructions in any particular. The baby was very restless all the fore part of the night, and its cough was hard and painful, making it cry every time it coughed, until I gave it a dose of Laudanum, just to quiet it. But your treatment has not been interrupted, and we can't understand what has created this change, and we have been waiting for you to come and tell us.'

"'Well!' exclaimed the doctor who told me this, 'I was filled with indignation! I could scarcely restrain my feelings. What right had that woman to dose my patient with a powerful drug? What right had she to interfere with my treatment? I felt like denouncing her as a murderer. But what could I do? I had not the heart to tell that young mother who sat near with clenched hands and her eyes filled with tears, that her own mother had killed her babe! I could not visit life-long remorse even on that grandmother, when silence on my part would spare her!'

"'Before night the baby was dead.'

"This happened two years ago, and since that time another baby has been born into the family, and there has been sickness there, and another doctor's buggy stands before the door. But what do I care? I did my duty, and I should do likewise again. But heaven protect that new baby from its meddlesome grandmother!"

* * *

"I know a doctor who had as a patient an old lady who was familiarly known in the family and in the neighborhood, as Aunt Mary Ann. Aunt Mary Ann had many peculiarities, but her greatest peculiarity was her size — she was perfectly enormous! Her weight was somewhere in the neighborhood of three hundred pounds. But her size couldn't save her — Aunt Mary Ann, in spite of the doctor's best efforts, went the way of all flesh. The next time the doctor went to the house the members of the family asked him to write an epitaph for the departed. The doctor — who is fully equal to such an emergency — sat at a table and penned the following:

'Here is the place of Mary Ann's rest,
Safely lodged on Abraham's breast.
It may be all right for Mary Ann,
But how does it fare with Abraham?'

"The family took the matter seriously, and had the lines cut in a marble slab which now graces Mary Ann's grave, and if you look in the right part of Oakwoods Cemetery, there you may read the epitaph that a doctor wrote for his departed patient."

* * *

"I know a doctor ——"

SELAH.

ORIGINAL ARTICLES.

A NEW STUDY OF BELLADONNA.

By A. W. WOODWARD, M. D.

CHICAGO.

Read before Chicago Academy Homœopathic Physicians and Surgeons, Nov. 1886.

(*Concluded.*)

IT is to be observed that these experiments were made chiefly with medicinal doses.

Let us briefly analyze their effects. In nine cases we find the first symptom was ocular vertigo, dim vision, diplopia or hallucinations, these being primary and affecting an afferent nerve, we must conclude they arise from peripheral irritation.

In three others we have neuralgic pains or superficial headache, and in one case swelling of the hands. These various initial symptoms, if considered physiologically, should be grouped as derangements of one general organ, the cutaneous envelope, whose chief function is to receive the various external impressions and convey them through the afferent or sensory nerves to the cerebro-spinal centres. If this reasoning is correct, these provings give cumulative evidence that Belladonna in medicinal doses acts primarily upon the skin, with its various sensory, sympathetic, and vasomotor nerves.

Let us look further at the evolution of drug effects. We find the first eight provings are alike in disturbing, first, the cutaneous functions; second, the cerebral; third, the spinal and motor powers; fourth, the respiratory or circulatory function, and fifth, the mouth or throat. We find provings 10, 11 and 12 differ from the former only in exhibiting throat and mouth symptoms before the respiratory. Thus we have eleven cases that practically agree in the sequence of effects produced by this drug.

The opinion generally held concerning the action of Belladonna is described by Dr. Taylor.* "The effects of a poisonous dose are of uniform character. Heat and dryness of mouth and throat, nausea and vomiting. Giddiness, indistinct or double vision, delirium, great excitement, convulsions, followed by stupor and lethargy. The pupils are much dilated and the eye insensible to light." If we exclude symptoms of mouth, throat and stomach as immediately produced by the irritant effects of a poisonous dose, this description of organic sequences agrees remarkably with the results obtained by the above provings.

The practical advantages to be derived from this view of the action of Belladonna are two-fold. When we consider that no man can indicate any considerable number of symptoms belonging to this drug alone, and no one can point out a disease in which it may not be useful, what positive guidance have we for the use of the remedy, unless it can be found in the evolution of its effects, and its similarity in this respect to the disease condition? Such a correspondence can be traced, especially in chronic diseases. In other words, the action of the drug corresponds to the clinical history of the patient. To illustrate: A case of angina pectoris, with frequent paroxysms, developed in one who previously had been subject to recurring attacks of facial erysipelas, attended by delirium, and restlessness almost to the point of convulsions. Under the use of Bell. 30, no recurrence of angina has taken place in four months.

In the treatment of acute diseases this sequence would be of no use unless it represented *a group of symptoms.* This it does. You will observe in the full proving as published in *Cyclopœdia of Drug Pathogenesy*, after the initial symptom there soon occurs signs of trouble in another organ, and then in another, until every part of the body is more or less disturbed. Meanwhile the primary, secondary, and tertiary symptoms continually return; thus, while on casual reading, the symptoms in the record seem to alternate, they are really aggregating, and if the prover were examined after a few hours, symptoms would be found belonging to all the organs chiefly influenced by the drug. Hence we say this sequence also represents *a group of disorders*, the special character of which may vary infinitely, because the symptoms vary with different provers.

Accepting this particular sequence tentatively, and assuming that it indicates the individuality of this drug, by the law of similars, whenever Belladonna is indicated in acute disease, we should find, besides the local affection, very decided concomitant symptoms involving the skin, *and* cerebro-spinal nervous system, *and* respiratory or circulatory organs, *and* mouth, throat, stomach or bowels. The cutaneous, cerebral and spinal symptoms being most prominent after the local affection

* Treatise on Poisons: Taylor, p. 735.

In confirmation of this rule, I wish briefly to indicate its application in particular forms of disease, and present a number of cases already published, that were cured by this remedy alone.

In primary affections of the sensory nerves and skin, visual disorders, neuralgias, headaches, hyperæsthesias or anæthesias, Belladonna is indicated when the affection is attended by great mental excitement, sleeplessness, sopor, delirium or coma, also marked paralytic debility or restlessness, jactitations, spasms or convulsions; respiratory or circulatory symptoms will be less prominent, and those of the mouth, throat, or stomach often absent.

In erysipelas and scarlatina simplex, the above indications hold true; the febrile disturbance being an index of the gravity of the nervous derangement, the throat symptoms being least important.

No. 1. *Belladonna* 30 cured a twitching pain in the left side of the head over the parietal bone, with soreness when touched, coming suddenly so severe as to cause him to jerk his head downward, close the left eye and wince. These motions were involuntary. —(Dr. W. J. Blakely.)

No. 2. A., aged thirty, neuralgia for two years past; daily attacks from 2 to 8 or 9 P. M.; right side of head, with more or less pain extending down the back; sensation of weight in right side, inclining the head to that side; pains hammering, at times stitching; feeling of fullness in head, worse from moving the eye (right) and from pressure; sensitiveness to contact. *Bell.* 4000 (F), one dose, cured.—(Dr. Goodno.)

No. 3. Mr. N. N., violent sclerotic congestion with severe photophobia; epistaxis, cerebral congestion, and hyperæsthesia so excessive causes him to rave; full hard pulse; frequent cold horripilations along spinal column. Cause: a cold taken after a dose of blue pills and epsom salts. *Bell.* 2c, Dunham, every two hours, cured over night. —(Rockwith, A. J. H. M. M., 4, 65.)

No. 4. Mrs. F., aged sixty, has had frequent attacks of erysipelas of the face. Present attack commenced last night on the right side of the nose, and has spread over the whole of that side. Was delirious during the night; not much thirst; insists upon getting out of bed, although considerably prostrated; urine high colored; pulse 90 to 98: has considerable pain in the forehead over the eyes. *Bell.* 200 every three hours, cured in three days.—(Hoyne.)

No. 5. Patient, aged six, had the measles for three days. Has now fright; wild delirium; sees visions; talks; tosses about; has not slept for three nights; springs up in bed; great prostration. *Rhus* 3, every two hours. Afternoon, better; evening, worse. Furious delirium; rage; strikes; his father could scarcely hold him, and shortly he went into a spasm. *Bell.* 200, and in half an hour the child slept. Better next day.—(Dr. J. R. Temple.)

In affections of the brain caused by external influences—cold, heat, fright, anger, exciting events, violence, or skin diseases—when preceded by chill, or attended by great hyperæsthesia or anæsthesia, flushed or pallid face, paralytic exhaustion, spasms or convulsions, considerable embarrassment of respiration or fever may be present, according to violence or duration of the case. Throat and gastric symptoms are often wanting.

No. 6. A young lady, taken suddenly without any cause with restlessness, and *a desire to throw herself from the window;* she answered rationally all my questions; color of face heightened; eyes looked exceedingly bright and animated; pulse normal. Bell. 200, dry on tongue; slept quieter that night; has since acted perfectly rational.—(Dulac, A. J. H. M. M., 3, 79.)

No. 7. *Coup de Soliel.*—A woman after having walked in a hot sun complained of a severe headache, coldness, sounding in the ears, giddiness, nausea, and inclination to vomit, which increased until she was seized with convulsions, during which she was unconscious, frothed at the mouth, and became quite livid. I found her at ten P. M. recovering from the fit; she is quite stupid and incoherent; face rather pale, and without any morbid heat of the body; eyes wild and restless; pupils dilated and insensible to the light, and she is with difficulty prevented from leaving her bed; pulse 66. Bell. 1x, gtt. ss. every half-hour. After the second dose she became quite quiet and soon fell asleep. On the third day well.—(Dr. Chalmers, *Monthly Hom. Review*, vol. 13, p. 135.)

(Case No. 7 is not an exact similar to belladonna, as tinnitus aurium and nausea preceded convulsions, hence a high attenuation would probably not have proved as efficient as the first dilution.)

In diseases of the spinal cord and motor apparatus, spasms, paralysis, rheumatisms,

etc., when Belladonna is indicated, these affections will be secondary to, or attended by, cutaneous and cerebral irritation. The concomitants will be extreme hyperæsthesia or anæsthesia, with pale or flushed skin, mental excitement or dullness of mind, sleeplessness or coma. Respiratory or circulatory derangements will be more prominent than digestive disorders.

No. 8. *Epilepsy.*—Boy aged twelve, afflicted four years, cause unknown. The attacks come once a week, and are preceded by headache and throbbing of the temples. Bell. 3, night and morning, cured.—(Dr. Bojanus.)

9. *Chorea.*—Annie H., æt. 12 years. Nervous temperament, large brain; every muscle of both upper and lower extremities, and of face and neck were, when she was awake, in involuntary motion, but when asleep she was comparatively still. Deglutition difficult; either was not disposed to talk, or could not talk; a silly kind of laugh when spoken to. Cries easily if scolded. *Bell.* 300, every six, twelve, and finally twenty-four hours, cured the case in six weeks.—(F. L. Davis, O. M. and S. R., v. 4, p. 241.)

No. 10. *Trismus.*—A freedman, æt. sixty, trod upon a nail two weeks before treatment. Jaws closely locked, flexors all cramped, abdominal muscles severely drawn, deglutition impaired; a sudden noise, a touch, an attempt to move, speak or drink would induce a spasm. Wounded foot and leg considerably swollen, wound healed leaving only a dark spot very tender, which upon being reopened emitted a few drops of dark blood. A slice of bacon was applied to the wound. Bell. 30, in water, cured in three days.—(Dr. A. P. Angell. A. J. H. M. M., V. 2, p. 199.)

(The record in case 10 cannot be complete. Mental excitement must have existed to make Belladonna curative.)

In diseases of the organs of nutrition, painful or inflammatory, toothache, gastralgia, enteralgia, tonsillitis, diphtheria, scarlatina, anginosa, gastritis, enteritis, by the above rule the disease must be secondary or occurring in subjects of "nervous temperament." The affection will be inaugurated by a chill or heat of surface, hyperæsthesia, headache, restlessness, pains in limbs, which symptoms increase in violence as the disease progresses, the disease maintaining from the first spasmodic or paroxysmal features.

In diseases of the respiratory tract, coryzas, whooping-cough, laryngitis, bronchitis, pneumonia, also in heart affections, they will be secondary to, or developed in, a hyperæsthetic subject.

No. 11. L., aged fifty; frequently roused at night with terrible beating of the heart, with rush of blood to the head; face swollen, red and hot, with throbbing and beating all over; blindness and vertigo; heat all over except the feet; recovers with double vision and flickering sight; headache almost constantly for nearly a year. Leucorrhœa, since climacteric period (two years), about once in three months, lasting two or three weeks. It is yellow, profuse, thick, acrid; all symptoms worse during the flow. *Bell.* 200, four doses, in two months cured permanently.—(Dr. Gilchrist.)

In diseases of the genital and urinary organs the same group of symptoms is found.

No. 12. Inflammation of the right ovary after delivery. Sick for four weeks and getting worse all the time. Patient lies on the back; can't lie on either side; can't move; face red; great thirst; violent pain in region of right ovary, gradually extending over whole abdomen and back; worse from motion; worse during stool and micturition; bearing down; has not slept for several weeks. *Bell.* 30, in water, enabled her to sleep that same night for several hours. Two days after, *Apis* 5, on account of the soreness of the right ovary, Soon well.—(Dr. T. H. Ruckert.)

No. 13. *Puerperal convulsions.* Mrs. C., aged twenty-six; first child; next day found her with head drawn backward; face bluish-red and fearfully convulsed; muscles of body thrown into violent and irregular action; had complained of a throbbing in her forehead a few moments before. Prescribed *Bell.* 5, dry She had but one other paroxysm.—(Dr. S. D Johnson.)

In each of these cases you will have observed these various functions have been involved collectively, as was indicated in the provings. You will also have noticed there were many *symptoms* not present in any of these provings which led to the adoption of this rule of practice. This points to the conclusion that belladonna can be used successfully in the treatment of disease (in most cases) without the aid of any special symptom, being guided to its selection solely by the history of the case, or the combination of derangements present, and its resemblance in this respect to the evolution of effects as seen in these provings.

While a typical case of chronic enteritis or metritis calling for this remedy would, by this rule, necessarily have a clinical history of pre-

ceding disorders of these several organs or functions, we should be limiting its usefulness if we confined it to such cases only.

It is a fact that this drug is frequently called for in diseases having no clinical history. It often becomes needful in cases where clinical history points to other remedies. We have seen an enteritis where the natural concomitants of that disease have been removed by over-medication, and all semblance to a natural disease was lost. With all these difficulties, whatever the name of the disease, whenever nature holds out these five signals of danger, chiefly upon the skin, and brain, and spine, you may rest assured, relief will come to your patient if Belladonna is administered.

GLYCOZONE.

PRELIMINARY NOTE.

BY CLIFFORD MITCHELL, M. D.
CHICAGO.

THOSE who are eager for some novelty under the hydrogen of the solar atmosphere, *i. e.*, are on the lookout for something new under the sun, may possibly find the substance called glycozone, of interest.

Glycozone is certainly new, at least, in name; only a few weeks have elapsed since Mr. Charles Marchand, of New York, has been able to prepare it. He has sent me a specimen, and I have made one or two experiments with it, but as yet have not had time to examine it other than hurriedly. To the ordinary observer glycozone seems like glycerin; has the same syrupy consistence, sharp sweet taste, and so on. Like a good article of glycerin it shows no change of color with a drop or two of ammonium sulphide and yields no precipitate with ammonium oxalate. It is odorless.

To the chemist, however, glycozone exhibits several properties wholly different from glycerin, as the following experiments will show:—

Experiment 1. Urinary sediment composed of pus, equal amounts in two test-tubes. To the pus in one test-tube add glycozone, to the pus in the other test-tube add glycerin, equal in amount to that of the glycozone.

Results: In the tube containing pus and *glycozone*, effervescence takes place continuing for *six hours;* in the tube containing pus and *glycerin* nothing perceptible takes place.

This experiment would then tend to show that glycozone differs from glycerin in that it *effervesces with pus.*

Experiment 2. A few crystals of potassium permanganate in two test-tubes. To one add glycozone, to the other glycerin.

Results: In the tube containing potassium permanganate and *glycozone*, active effervescence and rapid decolorization of the Permanganate; in the tube containing permanganate and glycerin, no effervescence; moreover, rich color as the permanganate slowly dissolves in the glycerin, slow to fade.

The preceding experiments show plainly enough that glycozone is not merely glycerin alone. They also suggest a resemblance between glycozone and hydrogen peroxide. It it will be remembered that hydrogen peroxide effervesces with pus,† that it also effervesces with potassium permanganate, oxygen gas, in each case, being given off. Still further resemblance is shown by the following experiment:—

Experiment 3. Urinary sediment containing blood in two test tubes: add to each, equal amounts of tincture of guaiac; then further, to one add mixture of ether and *hydrogen peroxide;* to the other, mixture of ether and *glycozone.*

Results: Deep blue color in each.

This sediment gave a blue color with tincture of guaiac alone, but in a third test-tube where neither hydrogen peroxide nor glycozone was added, but only ether alone in addition to the guaiac, the blue faded very rapidly; the blue faded slowly out in the other two test-tubes containing the peroxide* and glycozone respectively, effervescence also taking place. (Pus was present besides blood.)

There is then a marked resemblance in certain chemical characteristics between hydrogen peroxide and glycozone, the physical characteristics, consistency, etc., being very different. Glycozone, then, resembles glycerin in some respects and hydrogen peroxide in others. There is, however, a difference between the aqueous peroxide and the glycozone.

Experiment 4. Urinary sediment composed of pus, equal volumes in two test-tubes; to one tube is added hydrogen peroxide fresh and strong, to the other a like volume of glycozone.

† See my article in the ERA of 1884.

*Proper chemical term *di*oxide.

Results: In the tube containing pus and hydrogen peroxide, lively effervescence, froth bubbles out from the tube on to the floor. All over in an hour or so. In the tube containing pus and glycozone, effervescence slow to begin, but keeps up for six hours.

This experiment shows that the glycozone gives off its gas much more slowly than the peroxide.

Urine containing pus is notoriously liable to alkaline fermentation, the pus becoming then a gluey liquid in which the pus corpuscles swell up and coalesce, as seen by aid of the microscope.

Experiment 5. Sediment containing pus from urine still acid. Under the microscope pus corpuscles plain and distinct, not swollen and not coalescing; equal volumes of the sediment in two test-tubes; to one add a few drops of glycozone, to the other add nothing. Both tubes allowed to stand in a warm room for a week.

Results: In the tube containing pus and glycozone, sediment under the microscope shows pus corpuscles to have undergone no change; they are as distinct as ever, not swollen to any marked degree, nor coalescing. Sediment not particularly offensive to the smell. In the tube containing the pus sediiment alone, the odor is offensive and ammoniacal, and under the microscope the pus corpuscles have run together, forming great patches.

This last experiment is not perhaps of any great consequence in one respect, merely showing the antiseptic properties of the glycozone in "keeping" the sediment for a week, this being all the time possible for observation before the publication of this article. But, it also tends to show that the glycozone does not attack the corpuscles themselves.

Specimens of some of the sediment just under the froth, from the pus and glycozone, were examined and found under the microscope to consist of myriads of pus corpuscles in a good state of preservation.

From this it may be inferred that glycozone does not coagulate albumin, *i. e.*, topically applied is not caustic, at least, not in the strength above used. Further experience with it will, of course, settle this question definitely.

Mr. Marchand tells me that glycozone is in the hands of several New York physicians who are using it in cases of diphtheria, and in the treatment of ulcers, abscesses, etc. He thinks it superior to every known antiseptic. Whether this be so or not, the various physicians using it will doubtless be able to affirm before long. It is hinted that marvellous results have been brought about by its use.

Glycozone is superior to ordinary preparations of hydrogen peroxide in that, like glycerin, it does not need to be neutralized. Further experiments may determine its exact composition.

A MONTHLY CHAPTER ON ORIFICIAL SURGERY AND ITS RELATIONS TO CHRONIC DISEASES.

BY E. H. PRATT, M. D., LL.D.

THE PATHOLOGY OF THE RECTUM.*

(The second of a series of five lectures to be reported for the MEDICAL ERA.)

SINCE the whole problem of the treatment of chronic diseases, as given in the lecture of last week on the Philosophy of Orificial Surgery, is to re-establish and maintain a strong and steady circulation of the blood, this object will be kept before your minds throughout the entire course. My subject to-night is, the Pathology of the Rectum. I shall follow it by a lecture on the pathology of the male sexual organs, then I shall consider the disorders of of the female sexual system, and, throughout the series, the one point which it will be my aim to keep in view, will be the vital importance of checking involuntary nerve waste, which, continuing unperceived for a long period, brings on that special form of chronic disease to which the particular individual may be predisposed. The last lecture of the series will be devoted to a consideration of the methods to be adopted to maintain the circulation at its normal standard after all channels of waste have been effectually stopped, and a ground-work of health has been established.

To-night, then, I shall speak of rectal surgery. In approaching my subject, I am aware that my position is one involving no little responsibility. I am introducing to this class of students and doctors of medicine, a line of work which is in some respects new, and one which, if poorly or imperfectly performed, can do much harm. On the other hand, when well and carefully done, it will result in infinite good. I do not wish to cre-

*Copyrighted.

ate such fears in your mind that you will fail to avail yourselves of it whenever you meet with a case to which it is applicable; neither do I wish to paint its possible results in such glowing colors that you will resort to it indiscriminately, regardless of consequences.

The task of giving to all of you just the right impression of the value and the proper place for the work, is no easy one, because like all assemblages of human beings, you are of different temperaments, and, while a mere suggestion would be sufficient to give some of you a right understanding of it, those who by nature are more conservative, require that special emphasis which alone will give you confidence. Let me caution you, however, one and all, that the work involved in this class of rectal surgery is a two-edged tool, which, according to its skilful or unskilful handling may do exceeding good or exceeding harm. Hence the feeling of responsibility with which I approach the subject.

Rectal troubles may very properly, it seems to me, be divided into two general classes—those of which the patient is made conscious by the attendant local symptoms, and those of which, by reason of an absence of local disturbances, the patient is unconscious.

The lesions belonging to the first class are well known, for those who suffer from them, whose lives are made miserable by the local irritation, have, time out of mind, applied to the members of the profession for relief. They are made painfully conscious of the existence of a rectum, and are not only willing to submit to an examination, but insist upon its being made, and hence, in the treatment of this class of cases the profession is experienced, and there exists, moreover, the usual variety of conflicting opinions and misleading statistics.

The cases belonging to the second class—which are more serious, because the more prodigal of nerve force—have almost escaped the notice of the profession. The reason for this is that they have remained unsuspected and undiscovered, both by their victims and by their medical advisers.

In entering into the details of the cases of the first class, I shall not review the great mass of work which has been done by others—by those who are looked upon as authorities on the subject—but I shall confine myself to giving you, in each instance, the method of treatment which an extended experience and much research have led me to adopt as being the most satisfactory and successful.

This class includes but five forms of rectal lesions to which I shall invite your attention. These are: (1), hæmorrhoids; (2), prolapsus recti; (3), fistulæ; (4), ulcers; (5), fissures.

Considering first the much-vexed question of hæmorrhoids, or piles, their common division into *internal* and *external* piles is convenient and satisfactory.

As regards internal piles, there may be those among you who would not have sufficient confidence in yourselves to put into practice the radical method of treatment which I prefer, and for the benefit of such I would recommend what is known as the injection method. It is the method almost universally adopted in this country by rectal specialists. Brinkerhoffer, Rorick, Ives, and many others, have done much to bring this method into general use. It is a very simple process, and for its proper performance no special set of instruments is necessary. Any speculum that will bring the last inch of the rectum into view will expose the tumors when they exist, and an ordinary hypodermic syringe with a long needle will serve your purpose.

The tumors are situated between the two sphincters, and may be distinguished from hypertrophied rectal tissue by the fact of their bleeding when pricked.

Usually their dark purple color identifies them, but the bleeding test is the only reliable one. Now charging your syringe with a quantity of whatever injecting fluid you propose to use, thrust the point of the needle well into the pile tumor, and inject the medicine slowly, carefully watching its effect until a pale white color creeping over the surface of the tumor indicates that it has been entirely permeated by the fluid. It may take two drops, and it may take ten, the guide being the change in the color of the tumor. The syringe should not be immediately withdrawn, but allowed to remain for thirty seconds or a minute, until the blood is well coagulated, and thus prevented from escaping. Two or three tumors may be treated at a sitting, and it will take from one to three or four sittings, at intervals of two weeks, according to the condition of the rectum, before the work is complete. If suppuration supervenes or sloughing takes place, it will probably be from throwing the fluid through the vein into the areolar tissue beneath, instead of into the tumor. The patient is not confined to his bed.

This work may be done at the office with comparative impunity. It causes but little

pain, and but slight subsequent inconvenience, with, perhaps, an occasional exception. If this process took away the redundant mucous membrane which is present, and were not so tedious, I would have a better opinion of it.

A good injecting fluid consists of equal parts of sweet oil and 95 per cent. Carbolic acid, mixed when the oil is cooled to a few degrees above freezing-point, and subsequently heated. A better one is that recommended and used by Rorick:

℞. Carbolic Acid.
Glycerine, - - - - - aa 3ij
Fl. Ext. Ergot, - - - - - 3j
Water, - - - - - - 3iss
Mix.

The method of employing the ligature for the removal of internal piles is preferred by many authorities, who report flattering results, but it is so far from being a favorite of mine, that instead of inviting your attention to it I will simply refer those who may prefer it to the ordinary text books of the day, in almost all of which it is fully discussed.

I greatly prefer the method which I have adopted because it is simple, rapidly performed, free from danger, and, so far as my own experience goes, is in every way satisfactory in its results.

With the nates well retracted, the speculum well opened, and the pile tumor brought well into view, a simple tenaculum is thrust into its summit, and with a pair of double curved scissors a portion of the pile is amputated, the portion removed varying in size with the redundancy of tissue present. The bleeding which immediately follows is checked by rotating the speculum until one of its valves presses evenly and firmly against the wounded surface.

The trivalve speculum which I have the pleasure of recommending for this purpose, enables you to secure pressure in three places at once, thus facilitating your work. I would caution you to be careful not to distend the speculum so widely as to weaken the sphincters, until the bleeding is well checked, for, with an active sphincter, quite profuse hæmorrhage will immediately be controlled by the contractile power of the sphincter itself, as soon as the speculum is withdrawn.

This trivalve speculum, and the method which I recommended, leaving the sphincter unstrained in the early part of the operation, enables you to accomplish with perfect safety and satisfaction what Allingham and other operators seem to regard as dangerous and unadvisable.

After the circuit of the rectum has been visited in the manner described, and relieved of all undue prominences, the subsequent stretching of the sphincters will not induce hæmorrhage or be in any way objectionable.

I prefer this method because it is rapid, because it is safe, because the hæmorrhage it causes occurs in your presence, and is therefore under your control, and because there is no subsequent sloughing or trouble of any kind. There is, moreover, greater satisfaction in it, for both patient and surgeon, than there is in any other method with which I am acquainted.

For the treatment of *external* piles there is but one method endorsed by the best authorities—that of removal. Forceps and scissors will accomplish this so neatly and so quickly, and there is so little hæmorrhage attending their use, that I cannot understand why some operators still cling to the old-fashioned process with cautery or ligature.

The possibilities of this method of treating internal and external piles reaches its limit in those cases in which the piles are neither internal nor external, but both, consisting of long dilated blood-vessels which start above the internal sphincter, and hang below the external sphincter, usually accompanied by more or less hypertrophied tissue and prolapsus of the mucous membrane, which may be either constant, or attending each evacuation. A single clip of the scissors in these cases will quickly demonstrate, by the amount of the hæmorrhage which follows, that it would be unsafe to operate on the complete circuit of the gut in this manner, and the surgeon is recommended in all such cases, to resort to the use of Nott's clamp.

Let me give you the details of this operation. First introduce the speculum and dilate the anus. The upper end of a protruding mass to be removed is seized by a trusted pair of self-retaining artery-forceps. The forceps, and the tissues they grasp, are now to be crowded outward beyond the verge of the anus, and the speculum revolved until another pendulous mass protrudes into the instrument. The upper end of this mass is to be seized by another pair of forceps and treated in the same manner, and the process continued until the entire circumference of the outlet has been carefully examined, and every redundant mass seized with a pendulous pair of forceps. The

speculum is now to be carefully removed, and the view presented to the eye is of a swollen anus, from which dangle from three to six or eight artery-forceps of uniform size, and each one grasping an offending portion of the mucous membrane. Careful traction is now made upon the different pairs of forceps, one by one, until an even tension is secured, and they are held as in a bundle in the left hand of the operator. Now, while the nates are well retracted by an assistant, Nott's clamp is applied about the mass, being pressed snugly against the patient's body, and gentle traction is made upon the gathered forceps until, as the clamp is tightened, the instruments entirely escape its grasp. The screw of the clamp is to be well tightened, all the artery forceps to be removed, and the irregular line of crushed tissue is to be amputated by the scissors, close to the clamp. The anæsthetic should be discontinued as the clamp is tightened, to prevent apnœa, from the profound effect which the operation produces upon the respiration. In from three to five minutes, according to the amount of tissue included, the clamp may be carefully loosened by an assistant while the operator quickly seizes the crushed ridge with four or five artery-forceps. This ridge is now to be removed with dull scissors, care being taken not to cut beyond the crushed surface.

Very little hæmorrhage ensues, and it will rarely be necessary to torsion a bleeding point or employ other hæmostatics. After waiting a short time for the clots in the blood-vessels to be well formed, the speculum is to be again passed and carefully revolved. If a pile or pendulous mass of tissue has been overlooked it is to be seized and proceeded with as before. When properly done the field of the speculum, as it is carefully rotated, should present a smooth, neat appearance at the seat of amputation of the superficial tissue. The speculum is now to be removed and the sphincters slowly but thoroughly stretched, until in the judgment of the operator they are sufficiently weakened to give the parts a few days' rest from the painful and spasmodic grip which is sure to follow. The patient will be saved much unnecessary annoyance by carefully attending to this matter.

No further attention should be paid to the rectum for some days, beyond the application of hot fomentations. Injections may be needed to assist the first few fecal discharges in their exit, and subsequent dilatation with a speculum will be required at intervals of one or two weeks to prevent contraction as the denuded surface cicatrizes. This dilatation should be continued even after the part is entirely healed, until the speculum can be passed and fully distended without undue force on the part of the operator, or pain on the part of the patient. A satisfactory result is sure to follow these measures, although they may seem severe in their execution.

PROLAPSUS RECTI,

uncomplicated with piles, will sometimes respond to internal medication, while in other cases it will require nothing more than the well-established method of cauterizing longitudinal streaks of the gut with nitric acid or the actual cautery, but it often will necessitate the use of the clamp, as just described.

ULCERS

of the rectum are of extremely rare occurrence, and are usually syphilitic in their origin. A good scraping, followed by cautery and thorough dilatation of the sphincters will rapidly terminate their existence.

FISSURE

seldom occurs without other rectal complications, which should first receive attention. A destruction of the sensitive groove with the knife or cautery, followed by thorough stretching of the sphincters, will always cure them. The much vexed question of

FISTULÆ IN ANO

is not so easily handled. Like fissures, they are usually accompanied by other rectal disorders. After these have received the proper attention they are to be dealt with according to their extent and number. There is rarely more than one internal opening, and that is usually a small one between the sphincters. But pus may so burrow, and ulcerate its way to the surface by so many devious channels, that more or less of the buttocks may become honey-combed. If there is more than one external opening, each one is to be dilated with graded steel sounds until it will admit a uterine curette. This instrument is to be used freely in all the ramifications of the burrowing sinuses, until they are well denuded of their pyogenic membrane. Rubber tubing, of medium size, is now to be passed from one opening to another until each opening is provided with a tube, the two ends of the same tube being brought together and transfixed with a common safety-pin, or secured by thread.

The central sinus which leads into the gut should now receive attention. If the case is to remain under your care, and be subject to your daily dressings, this sinus may be well dilated, curetted, and filled with a small rope of jute, which is to remain unmolested for forty-eight hours. The active inflammation which follows this treatment will soon close the canal, if it is syringed daily with carbolized water, and the outer extremity daily packed with jute, until the sinus is entirely filled up with healthy granulations. If, however, you are not permitted to undertake the subsequent care of the case, I would advise the passage of a grooved director along the track of the sinus, into the gut, severing with a bistoury all of the tissues covering the director. This will always include one sphincter, and sometimes both of them. A thorough curetting of the track of the sinus should now be performed, followed by a careful stitching together of the denuded surfaces with carbolized cat-gut, the stitches to be entirely covered in their course. The external tubes must remain for a week or two, to properly accomplish their purpose. Subsequent dressings of jute will be required until recovery is complete.

Stretching of the sphincters should accompany this operation, as in other operations on the rectum. The stretching should be done before the knife is used, in those cases in which you decide upon the immediate obliteration of the sinus, in the manner described.

CLINICAL OBSERVATIONS ON THE TREATMENT OF DIPHTHERIA.

By O. S. SANDERS, M. D.

BOSTON.

THE treatment of diphtheria must be local as well as general. During and after the appearance of the false membrane the free and constant use of ice, by taking bits into the mouth, will be found to be beneficial. This process arrests the development of the membrane even as an early frost destroys vegetation.

Follow this with inhalations of a spray of Liquor calcis, or a dilute solution of Chloride of sodium, or a few grains of Permanganate of potash in an ounce or two of distilled water.

If the exudation is still persistent, about a two to five per cent. of solution of Carbolic acid will promote sloughing, and counteract the tendency to absorption of the morbific poison through the denuded and softened walls of the fauces.

A prominent physician informs me that he has saved many of the lives of his patients by blowing the flowers-of-sulphur through a tube upon the surface of the throat. So much for local treatment.

I forbear to enumerate the fifty and more remedies recommended for constitutional treatment, and will confine myself to the few that have carried my patients over the gulf, and landed them safely upon the shore of recovery.

Apis mellifica is unqualifiedly one of our chief supports. It is indicated by a grayish color of the exudation, accompanied by great prostration, with a stinging sensation. Face and eyes swollen; restlessness, with more or less feverish habit; irritation of the skin; not much thirst; urine scant. More especially indicated with the *fœtor oris* and numbness.

Arsenicum; when there is great prostration, with frequent sighing; the fever adynamic, as seen in the low type of typhoids. Aversion to external heat; desire to throw off the bedclothes; thirst, intense; deglutition difficult and painful; hot drinks satisfying better than cold; countenance livid; worse at night; breath putrid and sickening, intolerable to attendants. Arsenicum is emphatically called for in the more advanced and septic forms, rather than by any special local appearance in the fauces.

Bromine has its place, especially if the disease partakes of a croupous character. Bromine and Chlorine, properly administered, are valuable aids in controlling the septic state of the blood. Use one part Bromine to one hundred parts distilled water. This medicine has great merit when the discharge is bloody, the exudation clearing off; *fœtor oris* excessive, with nausea and vomiting or diarrhœa. It is valuable for more than its antiseptic properties.

Camphor is a useful remedy when there is shivering and faintness, with threatened collapse. Give both internally and by means of atomizer.

Carbolic acid, one grain to the ounce of water, in arresting the fungous growth, given as a gargle or spray, must not be overlooked. As a prophylactic it is unsurpassed by any other known agent, and should be freely used by attendants and members of the household.

Hydrastis canadensis has done me valuable service in the ulcerative stage of diphtheria, for both local and internal treatment. And allow me to interpolate right here, that with Hydrastis canadensis, as well as some other remedies, I use the same remedy internally that I do topically.

Jodium is indicated when the exudation is greenish, and upon the velium palati; swollen or indurated tonsils, and enlarged submaxillary glands; labored breathing; dry cough; voice unnatural; anorexia.

Kali bichromicum is indicated when the cough is croupy and paroxysmal; expectoration tough and stringy; enlargement of the parotids; mucous membrane deeply invaded, with tendency to ulceration.

Lachesis is a prominent remedy when we find an ulcerated appearance of the mucous membrane of the fauces, difficult articulation, with great lassitude and prostration.

Hydrocyanic acid, in the 30x, is employed with the happiest results. It is indicated when the fever is of an adynamic type, exudation slow of development, or when suspected to exist; or coming to the surface in the larynx, beyond observation by the ordinary means.

Phytolacca decandra, tr., has its place (the tincture from the green root is the only preparation fit for use—all others are inert). It is indicated by a roughness of the pharynx; croaky sound of the voice; sensation as of a lump in the throat, causing a constant desire to swallow. Exudation dark-colored, or dark and dirty brown; metallic taste; easy vomiting, without nausea; accumulation of flatus in the stomach and bowels; albumin in urine; urine high-colored, with sticky sediment in the vessel.

Sulphur is the last remedy I will speak of in this connection.

It has a prompt effect in diphtheritis. I should hardly think of treating a case of diphtheria without Sulphur, locally and internally, as an intercurrent remedy, especially called for when the posterior walls of the pharynx are covered by a yellowish exudation.

There are other remedies appropriate in diphtheria, but as this is not intended for an exhaustive treatise upon the subject, I will not lengthen the paper.

If it will only act as an incentive for others of our noble profession in the Homœopathic ranks to tell us their treatment and success, this paper will have served one purpose for which it is written.

OXALATE OF CERIUM.

BY A. P. BOWMAN, M. D.

LE MARS, IA.

IN the January number THE ERA solicits contributions on new remedies, and as I have never seen in our literature any more than a brief mention of the above-named drug, I hope that a report of the good results I have had from it may lead to its more extensive use.

In the homœopathic literature at my command the only place I find it mentioned is in Hale's Therapeutics.

Cerium; symbol, Ce.; at. wt. 22. It is found in cerite, a silicate of iron, calcium and the rare metals lanthanium, didymium and cerium. The officinal salt, oxalate of cerium, is obtained by separating the silica by boiling in hydrochloric acid, drying, diluting and filtering. Ammonia is added to precipitate hydrates of all the metals except calcium; filter, wash, re-dissolve in hydrochloric acid and add oxalic acid to precipitate oxalate of cerium. The whole is then calcined thoroughly, the oxides of lanthanium and didymium dissolved by boiling with a strong solution of chloride of ammonia, the remaining oxide of cerium dissolved in hydrochloric acid, and oxalate of ammonium added to precipitate pure oxalate of cerium. Ce. C_2O_4, $3H_2O$. This is its method of preparation. It decomposes at a dull red heat, leaving a residue of salmon-colored oxides, and usually a small portion of didymium; is soluble in boiling hydrochloric acid without effervescence, indicating an absence of earthy carbonates and oxalates. The solution, upon adding a saturated solution of sulphate of potassium, gives down a crystalline precipitate, the double sulphate of cerium or potassium.

I have given a brief history of the drug, because I have found it so little known. Its therapeutic range is not great, but it has, in my hands at least, proved of incalculable benefit in a great many cases. Of its action in the vomiting of pregnancy, most of the profession are probably aware it is one of the standards in the old school, and although we have no proving of it, I do not think we have many, if any, remedies in our armamentarium to surpass it for this condition; but where it has served me best, is where it is used least, in *cough*.

I suppose there are few physicians who can say that they have never been guilty of routine treatment, and while I try to avoid falling into such a habit, it has become a routine treatment for me, under some circumstances, to prescribe Oxalate of cerium. For instance, a lady comes in for a prescription for her little boy; you have never seen him, do not know his temperament or anything about him, and can elicit from her no characteristic symptoms; she wants some medicine for a cough—she gets Oxalate of cerium. The same in prescribing by letter. No symptoms, only, "Got a bad cough—send some medicine by return mail." Oxalate of cerium leaves by next train.

But it seems to be especially adapted to laryngeal and bronchial coughs. I do not think it would have any marked influence over the cough of phthisis, but I have had no opportunity of trying it. I would, however, expect amelioration if given during the first stages.

I use the crude drug, about one grain doses. It has served me so well I have not made a trituration of it. Prof. Hale has had the best results from the 1x trit. In the report in Hale's Therapeutics, by Frank Allfort, M. D., taken from the *Medical Record*, he says he produced narcotic effects from seven grains given to adults, and from five grains given to children. He gives five grains to adults and reduces the dose when treating children, according to age. I think just as good results will be obtained from one grain, and I have no doubt that the first or second decimal trituration would act with equal promptness.

I hope that the readers of The Era will give the remedy a trial and report results, so that we may determine the exact sphere of its action, as I am positive we have here one of our best remedial agents for the cure of *cough*.

From a scrutiny of the reports of intubation in croup it may be concluded that intubation will save many lives in cases in which tracheotomy would not be permitted; that it will save many a patient from the need for tracheotomy, and that it will probably sacrifice a few lives which might have a better chance for preservation under tracheotomy.—*Medical News.*

It is now generally known, since Braxton Hicks called attention to the fact, that there occurs constantly, during pregnancy, an intermittent contraction of the uterus which can be distinctly felt at intervals of about ten minutes, as soon as the organ becomes easily palpable through the abdominal walls. So constant, indeed, is this phenomenon that Playfair assigns to it a high place among the diagnostic signs of pregnancy.

SIGNS OF INCIPIENT PHTHISIS.

By J. M. CRAWFORD, M. D.

CINCINNATI.

THE following list of thirty signs of incipient phthisis I am in the habit of giving to my class in Physical Diagnosis. Many of them will often be found in those who are predisposed to phthisis, before there are any appreciable lesions of the lungs to tell of the threatened mischief, and before there has been any deposit of tubercles that can be detected:

Stoop.
Anæmia.
Arthritis.
Micrococci.
Hoarseness.
Hectic flush.
Sore throat.
Bad breath.
Rapid pulse.
Hæmoptysis.
Amenorrhœa.
Family history.
Red line on gums.
Rheumatoid pains.
Ptyriasis versicolor.
Weak, tired feeling.
Shortness of breath.
Acromial depression.
Prolonged expiration.
Hacking night-cough.
Cog-wheeled breathing.
Thin ear, nostril and lip.
Harsh vesicular murmur.
Congestion of vocal cords.
General brilliancy of eyes.
General feeling of apprehension.
Curved nails; clubbed finger ends.
Emaciation, while appetite is good.
Constant high evening temperature.
Insufficient expansion of side to be affected.

CORRESPONDENCE.

From the ERA's Regular Correspondent.

OUR PARIS LETTER.

PARIS, Dec. 8, 1886.

M. Bovies reports a case cured by isolation, in a darkened room, hypodermic injections of morphine, and large doses of chloral; during treatment patient received 169 injections of morphine and 200 grammes of chloral, at the rate of .08 grs. morphine and 10 grs. chloral daily—(girl aged 13 years).

M. Blanc, of Bombay, had personally observed 60 cases. Divides tetanus into three classes: Acute, sub-acute and chronic.

The acute, always fatal, have an average duration of three days with a progressively rising temperature which reaches 108 to 110.

The sub-acute, often results fatally by the tenth to twelfth day. Temperature irregular, never progressive, and often remains low. Usual cause of death is respiratory spasm.

The chronic form lasts thirty to forty days. No fever; usually ends in recovery.

M. Blanc believes with M. Verneuil that the disease comes from the horse, but that it is (like cholera) introduced into the system by water.

In Bombay, tetanus, like cholera, is most severe in the hottest month, May.

OCT. 19TH, AFTERNOON SESSION.

M. Pancet reported a successful case of bonegrafting in a child aged 11 years. A large portion of one tibia was destroyed by osteo-myelitis and a sequestrum 30 centimetres long was removed. One month after the operation 8 grafts, covered with periosteum, were taken from an infant (new-born) one hour after death. 5 of these lived. A few days later more grafts were taken from a kid, 2 of which necrosed. Antiseptic dressing and immobilization. The leg operated on is 3 cent. shorter than the other; child is able to walk, and a photograph shows very little deformity.

M. Tirrillon.—"Torsion of the pedicle of ovarian cysts, anatomical and operative consequences."

All ovarian cysts having a sufficiently long pedicle and free from adhesions, may "turn on themselves" so as to produce the above mentioned accident. If the torsion is sufficient to produce compression of the vessels, accidents result, interesting for the surgeon to understand. First the veins enlarge, the arteries become hypertrophied, and eventually the circulation is interrupted. If the torsion is sudden then may result detachment of the cyst, which becomes free by rupture of the pedicle; acute inflammation of the cyst and peritoneum; hemorrhage more or less severe into the cyst or into the peritoneal cavity; rupture or mortification of cyst. "These conditions have already been studied by Rokitansky and Lawson Tait, but I wish to study here particularly the adhesions resulting from these changes in the cyst. In 100 ovariotomies, I have found four cases of torsion. In each case, at a time prior to the operation, ranging from three to eight months, there was a sudden onset of abdominal symptoms usually of an inflammatory character. The results of this inflammation are adhesions, therefore I advise an immediate operation. Even an acute peritonitis does not contra-indicate, for we know that its best treatment is laparatomy and free washing of the peritoneal cavity."

M. Richelot—"Vaginal Hysterectomy."

Statistics of 30 operations known to him, 10 of which had been performed by himself. Believes in the application of forcipressure to the broad ligaments instead of the ligature, and leaves the forceps in the wound from 24 to 48 hours.

M. M. Duplouy and Pean believe in the ligature for uncomplicated cases. The forceps, left not longer than 36 hours, in complicated cases.

M. Lannelongue read an analysis of 21 cases of "extra-cranial tumors communicating with the superior longitudinal sinus," divided into "venous aneurisms" and angiomas. The first are traumatic, the second congenital. As to treatment, for the first, moderate compression; for the second, no interference if they remain small; if large, ligation of pedicle and extirpation.

M. Chenieux.—"Drainage and union by first intention." Drainage and union by first intention are incompatible; one excludes the other, and amounts to a surgical nonsense. All wounds, if thoroughly aseptic, should unite by first intention.

M. Molliere does not believe in drainage unless the operation has been long, in which case perfect antisepsis cannot be assured. Has operated on the breast, emptying the axilla, and reaching above the clavicle, never using drainage, and having no suppuration. His last eleven thigh amputations had no drainage,

and were ready to have measure taken for apparatus on the tenth or eleventh day.

Session Oct. 20.—Morning.

Nephrotomy and Nephrectomy.—Indications and Contra-Indications; Choice of Operations.—Manner of Operating.—Results.

[I will report the discussion in the above order rather than give a report of each speaker.]

INDICATIONS.—CHOICE OF METHOD.

M. Le Dentu.—With Gross (Philadelphia) advises nephrectomy in (1st) sarcoma of adults; (2d) non-malignant growths in all periods of life; (3d) in the beginning of all tuberculous affections; (4th) rupture of ureter; (5) fistulas of ureter. Contra-indicated (1st) in sarcomas of children; (2d) carcinomas in all ages, unless the diagnosis and operation may be made very early; (3d) in the advanced stages of all tuberculous affections.

Nephrotomy should be preferred in all limited suppuration (pyonephrosis proper), in hydro-nephrosis, and unilocular cysts. Prefer the lumbar section.

M. Lucas-Championniere believes that it is difficult to establish the value of the two operations, and the surgeon often begins the nephrotomy and ends by performing the nephrectomy.

M. Pean prefers the lumbar section, except where the tumor is of great volume. For floating kidney, prefers nephrorrhaphy.

M. Trelat.—There are cases in which nephrectomy is clearly indicated; renal growths; certain persistent fistulas; certain traumatisms; certain cases of floating kidney. The doubts occur in renal calculi and their consequences—hydro-nephrosis, for example. The operation should be performed so as to allow nephrotomy, if possible, nephrectomy, if necessary, and, therefore, prefers lumbar section, with rare exceptions.

MANNER OF OPERATING.

M. LeDentu prefers the "piecemeal" removal of large growths rather than very large incisions. Does not believe in resection of last rib on account of the danger of wounding the pleura. Prefers ligating the elements of the helix rather than as a mass.

M. Ollier believes in the sub-capsular method when possible. After an incision of the fibrous capsule the mass may be almost entirely removed without instruments, using only the hand. Long incisions are therefore necessary and in his last case the outer incision was 33 to 34 cent. long. Believes in resection of the 12th and even the 11th rib.

M. Pean agrees with M. Ollier as to long incisions, carrying them along the anterior border of quad. lumb. and along the crest of ilium, but does not believe in resections of ribs.

RESULTS.

M. Lucas Championniere, one nephrotomy in a case of anuria, by absence of one kidney and occlusion of the other by calculi, cure. 2 cases of nephrectomy (abdominal) for suppurative nephritis gave 1 cure and 1 death. Same operation for a hydro-nephrosis resulted fatally.

M. Builly. 2 nephrotomies for suppurative nephritis, cured. 2 nephrectomies for painful floating kidney, cured.

M. Reliquet. 3 cases of nephrectomy, 1 cancer. 2 nephro lithiasis, cured.

M. Demons. 1 nephrotomy for pyro-nephrosis, death. 1 nephrectomy for traumation; 1 for sarcoma, cured.

M. Malherbe. 1 nephrectomy for suppurative nephritis, cured.

M. Schwartz. 1 nephrectomy for suppurative nephritis, cure.

M. Jeannel. 1 nephrectomy for renal tumor, death. The operation was abdominal and begun for a supposed intestinal obstruction. The obstruction was due to compression. The tumor extended into the mesentery. The intestines were immensely distended. Has been able to find the history of but one similar case.

M. Doyen. 1 nephrectomy, lumbar section, cure. 1 nephrectomy, abdominal section, death.

M. Legond. 1 nephrectomy, suppurative hydro-nephrosis, lumbar section, cure. 1 nephrectomy, floating kidney, abdominal section, cure.

M. Trelat. 3 nephrectomies, 2 cures, 1 death.

M. Brodeur, in a recent work, has accumulated the following statistics:

	Lumbar Sect.	Cures.	Deaths.	Per cent.	Abdom'l Sect.	Cures.	Deaths.	Per cent.
75 Nephrotomies.....	63	47	16	74.6	12	7	5	58.3
235 Nephrectomies.....	125	78	47	62.4	110	55	55	50.

Oscar Lesieure.

SELECTIONS.

Urinary Casts, Their Formation and Significance.

There are two principal types of casts: the blood and the hyaline; in connection with the latter there is a large modification, as may be seen by a single glance at the following table:

CASTS.

Blood,	Coarsely Granular,
Hyaline,	Fatty,
Epithelial,	Tubular,
Nucleated,	Cork Screw,
Finely Granular,	

The **blood cast** is simple, and easily understood. It is produced by an exudation of all the constituents of the blood, and a matting together and entanglement of the blood corpuscles by fibrin elements in the lumen of the uriniferous tubules, so that they are discharged from the tubes in masses, representing perfect casts of the same; they are found in the urine as little plugs of blood corpuscles with parallel sides and rounded ends. This variety is only met with in acute congestion, hæmorrhagic infarctions, hematuria, acute diffuse nephritis and acute exacerbations of the chronic diffuse nephritis. The presence of blood casts in the urine is the only *positive evidence* of *hæmorrhage* from the kidney. Their presence alone does not indicate organic renal disease. Some call the hyaline, with a number of blood corpuscles attached to them, blood casts, but this is erroneous. Blood casts are not common.

The **hyaline cast** is not so thoroughly understood, but it is generally believed that a peculiar fibrinous substance is thrown out of the blood into the uriniferous tubules, and when discharged from the same, independent of the epithelial cells, it is known as a hyaline cast, but with attached epithelial corpuscles, in various stages of retrograde change the various forms tabulated are produced.

A single cast of this variety may be found in urine without indicating any renal lesion. But their continuance in any appreciable number always does.

By an **epithelial cast** is meant one in which the epithelial corpuscles are attached to or implanted in this hyaline plug and have been separated from the basement membrane, while still retaining the appearance of renal epithelial cells. Casts of this kind are usually found in the acute parenchymatous metamorphosis, and in the acute diffuse nephritis, or in connection with acute exacerbations.

The **nucleated cast** is one in which the protoplasm of the epithelial cells has been obliterated, and only the nuclei can be recognized as they adhere to or are implanted in the hyaline substance. The inability to recognize the protoplasm is caused by the cells becoming infiltrated with fine particles of effete material and the imbibition of an albuminous fluid until everything is indistinct but the nucleus.

The form of cast is met with in the acute parenchymatous, and diffuse lesions, and acute exacerbations, and indicates a still greater retrograde change than the epithelial cast.

The **finely granular cast** is one in which the epithelial cells are not only cloudy, but are also infiltrated with fine granular particles, some of which are oil globules of minute size, and others granular detritus probably from incomplete products of tissue metamorphosis drawn from the blood, and in part from the further destruction of the epithelial protoplasm itself.

This form of cast represents a still greater destructive change, and is met with in a well established acute lesion, or in the commencement of a chronic lesion.

The **coarsely granular cast** is simply one representing a more advanced degree of the former process, with more abundant and larger fat droplets, and a still greater destruction of the epithelial protoplasm.

This form is met with at the end of an acute lesion, but, more frequently indicates a chronic parenchymatous or diffuse lesion.

The **fatty cast** is one in which the metamorphotic process has almost, if not completely, destroyed the protoplasm of the epithelial corpuscle, which has been replaced by fat droplets of varying sizes, and now easily recognizable as fat. The cast may have a large or small diameter, but usually the former.

The form indicates an advanced stage of the chronic parenchymatous or diffuse lesion.

The **tubular cast** is a rare variety, and is formed by a plug of hyaline matter in the lumen of the uriniferous tubule, and a

thin ensheathing layer of the same material behind the epithelial cells, and in this manner the corpuscular elements are detached from the basement membrane and discharged. They appear under the microscope as a perfect ring of epithelial elements. Occasionally the central plug will be observed protruding from one or the other extremity.

This variety might be considered as a curiosity.

The **cork screw cast** is produced by a twisting of the body of the cast upon its own axis, so that it resembles the spiral of a cork screw. This opinion is based upon numerous sections of the kidney that show this peculiar arrangement in the straight tubules, some of which have the casts still lodged in them.

Some believe that all forms of casts (the blood, hyaline and tubular excepted), can be, and are frequently formed by the transformation, desquamation, and matting together of the epithelial cells without the aid of or the presence of this fibrinous or hyaline material. This may be the case in a few instances, but in the vast majority the hyaline material forms the basis of all casts. In either case the microscopic appearances are the same.

The peculiar arrangement of the tubular form looks a little as if the hyaline material clogged, so to speak, the protoplasm, and aided in cutting off the nutritive supply and prevented the free exit of the effete material from behind, thus enabling that which should come through, to push the cells from their attachment to the underlying basement substance. This view of the situation distinctly indicates the necessity of keeping the tubules well washed out in all forms of nephritic disease, in which there is a tendency to the formation of casts.

It is the belief of some, that the hyaline material undergoes degeneration, and in this way they explain the various forms of granular casts. A close examination, however, of a hyaline cast, which appears to be a little granular, will almost always, with a good high power lens, show incomplete and faint outline of what once was an epithelial cell. This tends to sustain the former view, and to disprove the latter.

The **waxy cast** of some writers is not included in this classification, as its existence is extremely doubtful, and probably never occurs.

It occasionally happens that the various crystals of the urine adhere to these hyaline plugs, or to a cast, and from their parallel sides might be termed crystal casts. They are however, more likely to be seen in sections made from the kidney itself.

The distinguishing character of all casts, is that they have uniformly parallel sides, and usually at least one rounded end, occasionally the other end is broken at a right angle, or a little irregularly, but they never terminate in imperceptible lines, as is the case with bands or streaks of mucus. Casts and strings of mucus are often confounded; but by remembering the above stated facts, the one should never be mistaken for the other. If the observer will compare the diagrams of casts as seen in the books with specimens of ropy mucus from the bladder, the difference is at once apparent.

Casts are very important aids in diagnosis. They are found in acute and chronic parenchymatous metamorphosis of the kidney, in acute diffuse nephritis, and in the chronic diffuse group. They are rarely found in the sclerotic, gouty and waxy kidney when uncomplicated.

Small casts of the hyaline, epithelial, nuclear and finely granular variety are found in the acute lesions, and in the early stage of the more chronic forms. Large hyaline, coarsely granular and fatty casts indicate an advanced lesion.—*Quarterly Bulletin.*

Students should be taught also that there are certain emergencies which simple remedies will not satisfactorily meet, and for which certain adjuvants and expedients are essential. Child-like reliance, under all circumstances, on strict homœopathic remedies, unaided and alone, is what in some quarters has made people so doubtful of the efficacy of our mode of cure. Let physicians be frank in their teaching without regard to the effect on homœopathic claims. If animated by true motives, we are not endeavoring solely, or mainly, to establish the verity of certain dogmas, but, like honest philosophers, we are seeking the truth, the whole truth and nothing but the truth. We feel sure that a grand and simple principle of cure for disease has been discovered; but we do not yet know that it is universal, and applicable to all organic and inorganic substances now employed as remedies.—*Sheldon Leavitt.*

Moxie.

From that excellent journal, the *American Analyst*, we learn that Francis Wyatt has analyzed Moxie with the following result.

One hundred parts by weight when distilled were found to contain three fourths per cent. alcohol and one-fourth per cent. of the essential oils of sassafras, wintergreen and anise. The residuum in the retort was evaporated to dryness, and contained 7.880 per cent. of extractive matter, consisting of—

Sugar,.....3.810	Sassafras, ...	1.870
Glucose,.. ...1.250	Gentian, ...	
Sodium Carb,.1.070	Checkerberry..	
	Quassia amara,	

The latter existed in the original as infusion, mixed in proportions to allow the sassafras to preponderate. A twelve ounce bottle would require about one drachm each of powdered gentian and quassia, fifteen minims of the oils of sassafras, gaultheria and anise, a drachm of alcohol, the same amount of soda, seventy-five grains of glucose, and half an ounce of sugar, with water slightly impregnated with carbonic acid gas, to make up the amount.

Dr. Wyatt adds that the results of his investigation show the mixture to be merely a mild, inoffensive tonic, an agreeable drink, incapable of exerting the slightest action on the brain or the nervous system.—*Med. World.*

The Principles of Cerebral Surgery.

Dr. Roberts recently advocated before the Surgical class of the Polyclinic the following views, which he has also advocated elsewhere.

I. The complexus of symptoms called "compression of the brain," is not due so much to displacing pressure exerted on the brain substance as it is to some form or degree of intra-cranial inflammation.

II. The conversion of a closed (simple) fracture of the cranium into an open (compound) fracture by incision of the scalp is, with the improved methods of treating wounds, attended with very little increased risk to life.

III. The removal of portions of the cranium by the trephine or other cutting instruments is, if properly done, attended with but little more risk to life than amputation of a finger through the metacarpal bone.

IV. In the majority of cranial fractures the inner table is more extensively shattered and splintered than the outer table.

V. Perforation of the cranium is to be adopted as an exploratory measure almost as often as it is demanded for therapeutic reasons.

VI. Drainage is more essential in wounds of the brain than in wounds of other structures.

VII. Many regions of the cerebral hemispheres of man may be incised and excised with comparative impunity.

VIII. Accidental or operative injuries to the cerebral membranes, meningeal arteries, or venous sinuses should be treated as are similar lesions of similar structures in other localities.

IX. The results of the study of cerebral localization are more necessary to the conscientious surgeon than to the neurologist.—*Polyclinic.*

Peroxide of Hydrogen in Suppurating Ears.

Dr. Wm. A. Dayton says: "A spray of a four per cent. solution of the peroxide has had an almost magical effect in a case of ozæna, complicated with a 'proliferous' catarrh of the middle ear. Strong solution induced local anæsthesia, often in a marked degree; besides I have noticed that cocaine acted more promptly after the mucous membrane had been cleansed with the peroxide. If cleanliness is the desideratum in middle ear suppuration then we have a servant *par excellence* in the peroxide of hydrogen."—*Archives of Otology.*

Ether-Anæsthesia.

It is commonly said, "It does not matter much about the ether, only give enough; no one ever dies of ether." Well, the first point to be noted in reply to this is, that people do die of ether administration, and of nothing else; while in a far larger proportion of cases, not at all taken cognizance of by the statistics, the maladministration of ether forms at least one of the factors which cause the death usually vaguely described as "death from shock," or "exhaustion."

In England, where great care is usually given to the administration of anæsthetics, there is commonly one member of the staff, called the chloroformist, who does nothing else at operations but attend to this department.

The best account of the *rationale* of ether-anæsthesia is contained in Anstie's classical work on "Stimulants and Narcotics." In it

he lays down that inhalation of ether, from beginning to end, is a progressive narcosis. To that I would add that it is a narcosis inducing paralysis of the various portions of the nervous system inversely in the order of their development. Those faculties last acquired in the process of evolution are the first to succumb, and the last are those which are most closely related to the animal. Thus considering the nervous system as made up of three great divisions—the ganglionic or sympathetic system, the spinal cord, and the brain—that is the order in which they successively appeared in the living universe; when the individual is anæsthetized, they are subdued in the reverse order—the brain first, then the spinal cord, then the organic system, or when this last occurs we get death.

Once, in giving ether, and once also, when I was giving chloroform, spasm of the glottis occurred; but I seized the tongue and pulled it far out of the mouth, as advised by Sir Joseph Lister, and breathing was resumed.

The process of anæsthetization varies a good deal in different people; in some patients, if you judged exclusively by the pulse, they might in the meantime die of respiratory failure. I therefore believe that there are four things that should be noted during profound anæsthesia:

1. The pulse.
2. The respiration.
3. The condition of the capillary circulation in the skin.
4. The pupil.

Of these, the conditions of respiration and capillary circulation are the most important.—*Dr. William Thallon*, in *N. Y. Med. Journal.*

Army Splint.

A temporary splint may be made of a blanket which is folded lengthwise to a width sufficient to act as a splint in any given case (usually fractures of the leg). Roll from both ends; put the limb between the rolls, and tie a bandage around them in three places.

In cases of fractures near joints, remove the dressings daily as soon as expedient (from fourteen to twenty-one days after injury), and practice passive motion for five or ten minutes, to prevent troublesome anchylosis.—*Key Notes.*

Beef-Tea.

This much-abused article will find its chief use in those weak conditions in which the patient needs stimulating. There is very little nourishment in it, but it seems to have a power of sustaining life out of all proportion to the amount of solid matter which it contains.

If a patient has a continued fever and it is known that beef-tea will be wanted from day to day, too much pains cannot be taken in its preparation. It is well to observe the following

RULES:

1. Never let beef-tea boil.
2. Always begin with *cold* water.
3. The finer the beef is cut the better.
4. There should be no fat, gristle or bones adhering to the meat.
5. The proper proportion of beef and water is a pound to a pint.
6. Beef-tea that "jellies" when cold has not been properly made.
7. After being made, carefully remove from the surface all traces of fat.
8. To "warm up" beef-tea, put it in a cup and set the cup in a vessel of boiling water.

To Make Beef-Tea.

Take one pound of fresh meat, cut very fine, soak in a pint of cold water over night. In the morning place the vessel containing the meat into a sauce-pan of water, and let the water in the latter boil for three hours (putting the meat and water into a stone bottle and this into a kettle of boiling water answers the same purpose). Replace water that is lost by evaporation. When done strain and salt to taste. The last vestige of fat may be removed by skimming the surface with a piece of white blotting-paper.—*Diet in Disease.*

Speaking of the *New York Medical Times*, the *Medical Record* says:—"In consequence of its course it is receiving severe criticisms from many of its quondam brethren, while it gets a very unappreciative hearing from the regular school."

NEWS FROM THE COLLEGES.

Cleveland.

HOMŒOPATHIC HOSPITAL COLLEGE.

Prof. Cleveland considers Arsenicum the greatest of all remedies.

In microscopical work, Prof. Moore advises the following: After the slide has been put in position, rack the tube of the microscope down to a distance from the slide *less* than the working distance of the objective; then look through the tube, and slowly rack upwards until the object comes in focus; in this way he danger of breaking the slides is obviated.

Also, in regard to putting on the cover-glass of a cell: Having breathed on the lower surface of the cover-glass, lower it gently on the cell, *not* one side first, as is often done, but keeping it parallel with the slide. In this way the object is not pushed out of the cell, which often occurs by the other method.

Prof. Biggar recently performed a suprapubic lithotomy, removing from the bladder of a patient 67 years old a large mulberry-calculus. The patient is making a gradual recovery.

Prof. Schneider amputated the penis of a colored man a few days ago, on account of a large scirrhous growth on the end, which measured nearly four inches in diameter and was nearly two inches thick. The man is nearly well, and is happy.(!)

Prof. Jones has under treatment a case of dropsy and cardiac disease, originating from rheumatism, in which there is an aneurism of the common carotid fully one and one-half inches in diameter, and extending along its entire length.

Prof. J. K. Sanders, in a recent lecture, endeavored to impress upon students that the perineum is really a *body*, instead of being a few thin layers of tissue, which by its counterpressure carries the head of child out from under the pubic arch; that the walls of the vagina are normally in contact, instead of being widely separated, as they are represented in cuts in most works on anatomy; that the integrity of the perineum is preserved by the resistance of this body, instead of by the levator ani muscle; that the general direction of the muscles of the perineum is antero-posterior, instead of transverse, as often given, delivery being permitted by a spreading apart of the muscular fibre, instead of a distension; that the perineal body is the *origin* of the vulvo-cavernosus muscle, instead of the *insertion*, as usually given.

The connection of phimosis with epilepsy was recently illustrated in a case of nine years' standing. Prof. Biggar advises inspection in every case in male subjects, and if this condition is present, circumcision to be promptly made. The operation is also a valuable preventive of many other diseased nervous conditions arising from the above-named cause.

Two of the most promising of last year's graduates have fallen victims to diphtheria, Dr. S. A. Moore dying Dec. 6, and Dr. J. P. Marratta only a few days ago. These two were room-mates in college, the warmest of friends, and settled in adjacent neighborhoods. The latter attended the former in his last illness, who in turn imparted the disease to his attending physician.

W. B. Hinsdale, president of the senior class, and J. W. Adair, vice-president of the Hahnemann Society, have been chosen as speakers for the commencement exercises, the former by the Hahnemann Society, the latter by the class.

Philadelphia.

HAHNEMANN MEDICAL COLLEGE.

At a recent surgical clinic Prof. Thomas showed us a patient with one eye blinded by a gunshot, and while lecturing on the subject he most earnestly advised the removal of the injured eye in all such cases, for the sound eye will be liable at any time, through sympathy, to become affected. And, though this may not occur for ten, twenty, or more years, yet the companion eye *is never safe*, so long as the injured one remains in its socket. He prefers a glass-eye, which is just as useful as the atrophied optic, but in no degree as harmful.

One of our young surgeons has just had a case of fistula in ano, which so obstinately refused to heal that it was thought to be of tuberculous origin. But when a small iron nail, so rusted as to be in two pieces, came away in the pus, there was no further difficulty in curing the case. The patient had swallowed the nail two years before, and it had pierced the rectal walls, forming the fistula, through which it eventually passed.

Our Professor of Practice highly recommended Gelsemium in impotence. He produced, at clinic, a man about fifty-five years of age who had thrice fallen in an unconscious

state, which lasted for some days. His mother had been hysterical. He was found to have sugar in his urine, and was impotent. ℞. Gelsemium, 1x, ten drops. three times a day. Two months later the patient reappeared, cured of his impotence, increased in weight, and improved in health and spirits.

While lecturing on the subject of Arsenicum album, Prof. Moore effectively advocated its use in typhoid fever *before* the supervention of extreme prostration, which is often waited for as an indication for this drug. He believes it is better to anticipate a little, and give it early.

Prof. Mitchell earnestly advises the examination of the urine once a week after the seventh month of pregnancy, thus anticipating the difficulties that may occur during labor. In a tabulated form he gives the causes of dystocia, any of which may occur during the first stage of labor, the stage which is usually expected to present no difficulties.

1. Abnormal growths, which may occlude the cervix.
2. Closure of cervix by cicatrices after disease.
3. Over-distension of uterus from excess of amniotic fluid, or multiple pregnancy.
4. Non-action of longitudinal muscular fibres of uterus.
5. Defective, short, cramp-like pains.
6. Premature rupture of bag of waters and entire loss of fluid.
7. Thickening of os from œdema.
8. Spastic muscular contractions.
9. Slow dilatation due to fact that axis of uterus is not in proper relation to pelvis.
10. Contractions of pelvis at brim or presentation of child in such a way as not to bring pressure upon cervix equally.
11. Overloaded condition of the rectum or bladder.

Boston.

UNIVERSITY SCHOOL OF MEDICINE.

In the treatment of septicæmia from insect wounds, Prof. Talbot's experience confirms Teste's practice of using Ledum pal. both as remedial and a prophylactic agent. Great benefit may be obtained by the application of a hot solution of Mysopetroleum.

Dr. Bell is a firm believer in the dual theory of the venereal diseases.

The removal of an ovarian cyst by Dr. Talbot was ipteresting, inasmuch as the thermo-cautery was used to separate the cyst from the uterus and omentum, to which it had formed extensive adhesions. The large external wound was closed by stitches which entered and terminated at the very edges. The patient made a splendid recovery.

At the Murdock's Hospital a case of fistula in ano of several year's standing, which had resisted the best of treatment, was rapidly cured by removal of the coccyx, which was necrosed.

At the same place Dr. Packard removed a multilocular ovarian cyst of eleven years' standing, weighing sixty-three pounds.

The Esbach method of testing urine for albumen is recommended. The professor said:—"A mistake is often made in estimating the percentage of albumen in urine. Very rarely does the amount reach three, while one-half per cent. is not a small amount. Reports of urine containing fifty per cent. of albumen are mistakes."

A patient in the hospital recovering from an operation, suffered severely from urethritis resulting from the frequent use of the catheter. Cantharis and other common remedies failed to relieve the burning, smarting, etc.; but a few doses of Populus quickly gave relief.

Dr. Southwick has relieved a large subperitoneal uterine fibroid, extending as high as the navel, by Iodide of lime 5x.

He strongly objects to the lower triturations from the danger of producing calcification of the arteries. This effect is known to be produced by the use of mineral waters containing the remedy in the proportion of the lower attenuations.

The prompt action of remedies prescribed according to the law of *similia* was beautifully illustrated in the following case of ovarian dysmenorrhœa, where there were severe boring pains in the left ovary; sharp pains down left genito-crural nerve to knee; no cessation of pain for twenty-four hours until nearly entirely relieved by Naja 4x trit.

Prof. Southwick says: "Motions of the fœtus when felt by the hand of an experienced physician are sure signs of pregnancy; but presumptive, when felt only by the mother."

Suppression of milk in nursing women is a sign of pregnancy.

As a result of persistent efforts on the part of the friends of homœopathy, the ampitheatre of the City Hospital is now open to the male and female students of the college. This

is but a step towards the great end of securing therein a ward to enable those who wish to receive homœopathic treatment.

A case of genuine double vagina has appeared at the dispensary. The extra passage is in the right labium, large enough to admit the finger; is dilatable; lined with mucous membrane; and does not quite reach the uterus. The patient is a mother and was not aware of the peculiarity.

Prof. Smith thinks that Hepar sulph. is prescribed oftener than indicated in furuncles. As these generally depend on some disturbance of the liver, he considers such remedies as Nitric Acid low, Merc. dulc. 1x, indicated as often as Hepar.

The following is a good "key note" for Hepar:— One nostril so very sensitive that it can scarcely bear the weight of a feather; accompanied with an ichorous discharge having a decayed egg odor. This condition may be quickly relieved also by daily application of Naphthaline and Cosmoline, two grains to the ounce.

Dr. Jackson says the subject of vaccination does not receive proper attention in medical colleges. Having given considerable time to the subject, he gives, among others, the following points:—

Persons should be vaccinated if well and strong at three months, or surely at puberty; when exposed to the contagion, or when leaving a poor scar.

Scarification is the best method of introducing the virus. Use a clean pin, ivory point, or a steel scarifier; making one long, several short parallel or cross scratches, extending to the malpighian layer of the skin.

The pin and point are to be thrown away and the scarifier cleansed by dipping into alcohol and igniting.

The formation of a bluish or steel-grey distinct vesicle, with raised edge and cup-like depression, the establishment of an areola about two inches in diameter.

Signs of a successful operation are: — Symptomatic fever; enlarged axillary glands; derangement of stomach and bowels; a distinct, slightly depressed, dotted or radiated cicatrix with well formed edges.

When pustule is forming, it should be protected by a wad of borated cotton held by adhesive straps to the arm.

Failures should be confined to less than five per cent.

The small-pox pustule has a period of incubation of twelve days, the cow-pox nine days. If vaccination is practiced within three days from exposure, the person will escape or the attack will be modified. It is useless to vaccinate after third day of exposure to small-pox.

To illustrate the introduction of virus by scarification, several students were vaccinated.

Chicago.

HAHNEMANN MEDICAL COLLEGE AND HOSPITAL.

Prof. King said in a recent lecture that too few physicians realize the importance of urinalysis in making their diagnosis. In many diseases a correct diagnosis can be made from the urine, which could not be arrived at in any other way. He thought this important matter should be brought before the physicians in such a way that all would make use of it.

Prof. Bailey said that in treating diseases of women, it should be borne in mind that the great bulk of uterine troubles did not come directly from the displacement of the uterus, but from the displacement ofthe surrounding organs.

Prof. Vilas said that the too free use of Cocaine in ophthalmic surgery was liable to result in serious trouble to the eye, if too strong a solution was used. He considered a four per cent. solution rather strong.

Prof. Shears gave the following as a good corn-remover:

℞.— Salycilic acid.... .....grs.		xv.
Alcohol ext. Cannabis Indica, M.		viss.
Alcohol (95 per ct)	"	xv.
Ether	℥	xxxviiss.
Flexible collodion	"	xxxv.

Apply night and morning.

Prof. Gilman says that Pepsin is good to sprinkle on membrane that forms in diphtheria. The Pepsin tends to dissolve the membrane. It is also good to sprinkle on gangrenous sores.

CHICAGO HOMŒOPATHIC.

Speaking on post partum hemorrhage, Prof. Foster says a fatal issue from this cause need never arise. His advice is:

I. Note the patient's pulse and respiration. If the pulse be 75, and the respiration normal, uterus contracted to the size of a medium fist, there is little or no danger from hemorrhage.

II. Watch the uterus carefully. Note whether it remains firmly contracted, or is flabby, and appears tired out.

III. If the pulse be rapid (120) and flickering, respiration sobbing, *under no circumstances leave your patient alone for a single moment.* Grasping the uterus in the hand, crowd it down into either iliac fossa, and by mechanical pressure keep it contracted.

IV. Give a half (½) teaspoonful of Squibbs fluid-extract of Ergot in water, and repeat the dose in fifteen minutes if necessary.

V. Inject hot water into the uterus until the water comes away clean. A bulb syringe is the best for this purpose. Use the soft rubber tube in the cavity of the uterus. Never employ the metal tip, as it will burn the parts. Temperature of water, 110°-118° Fahr.

VI. If this does not cause hemorrhage to cease, tincture of Iron may be added, enough to make the water the color of claret. This, however, is rarely necessary.

VII. Never leave the patient within an hour after confinement, unless experienced hands are left in charge who can follow out the instructions given above.

In the dropsy of Bright's disease, secondary to digestive disorders and accompanied by the marked cerebro-spinal and circulatory symptoms, Prof. Woodward recommends Mercurius corr. 6 or 30; it should not be used lower.

Croupous diphtheria, with copious deposit on mucous membrane, rasping respiration, invasion of the larynx, patient pallid, blood-poisoning and heart-failure threatening, Zincum is his sheet-anchor. Key-notes:—Local affection in throat, pallor of countenance, labored action of heart.

In measles and scarlatina setting in with violent vomiting, pale, waxy appearance of face, temperature high, pulse cannot be counted, Zincum is pre-eminently the remedy.

In pelvic cellulitis, where the deposit has formed into hardened nodules, Prof. Streeter places the patient on Mercurius sol. 3x, and Conium mac. 3x, each three times per day for a week; then gives the 30th of same remedies, and finishes up the case with the 200th, given at longer intervals. In this way he has been able to remove the hardened indurated masses, which had existed for months, and had defied all treatment.

Prof. Tooker says that Drosera, if given early, will abort whooping-cough in the first stage. It is of little or no use in the later stages. Hyoscyamus and Ipecac best where there is much nervous erethism and vomiting, the former remedy if the nervous symptoms predominate, Ipecac if vomiting is most marked. With these two remedies, he says, "whooping-cough may be aborted in the second stage."

Prof. Grosvenor advises the use of Chloroform, especially in the second stage of labor, if it be protracted, painful, and if the progress is slow. As a rule, he uses it only during the pains. Administered in this way, he has never known it to lead to post-partum hemorrhage in his hands. He claims that it is especially indicated in the lying-in room, as the heart's action is vigorous, and the danger of heart-failure thereby much lessened. It relaxes opposing muscles without correspondingly decreasing the rythmic expulsive action of the uterus. It allays the pain and nervous erethism, and decreases the shock, so that after the labor is ended the woman quietly drops into a natural sleep, thus gaining rest and strength at a time when they are most needed. This tends to ward off the dangers to which the parturient woman is liable. Would not advise its use in the third stage of labor, since the placenta and membranes usually cause little pain as compared with the pain of the second stage.

In eczema Prof. Kippax advises as a local application to protect the surface from the air and keep the skin in better condition, the following:

℞.—Lanolin Oil (wool fat).....3vi.
Lard .....3ii.
Oxide of Zinc .....3iss.
Salycilic Acid .....grs. v.

Apply night and morning. Wear no woollen next the affected part.

In the last report the printer made *Aqua fontis* read, *Aqua fortis.* It is to be hoped that the error has not been followed by any disastrous consequences, and that no patient has taken nitric acid instead of water.

Ann Arbor.

UNIVERSITY OF MICHIGAN.

Prof. Arndt differentiates, in a general way, between Aconite and Belladonna, as to the indications for their use in congestion of the brain, as follows: Aconite is useful when a condition of general congestion is present with restlessness, hot, dry skin, etc., before the congestion fairly localizes itself in the

cerebrum. After it has become localized Aconite should be superseded by Belladonna. But when the congestion is followed by true inflammation, Belladonna at once loses its usefulness, and some other remedy, such as Zincum sulphate, etc., according to indications.

Prof. Wood insists upon mechanical means to overcome the mechanical condition present when the uterus is displaced.

An uncommon case was presented to our clinic recently, it being a fracture of the spinal column. The patient fell from a barn loft eighteen feet, struck upon his back; he lost both sensation and motion of his lower extremities. In trying to get him warmed up, soon after the accident, the nurse severely burned his left foot, of which he was totally unconscious. For a long time his urine constantly dribbled, but he is now able to control it a few hours at a time. Has some trouble with his bowels but is gradually gaining in every way; sensation and motion in the legs are slowly being recovered. Riding in his cart is very beneficial to him, helping especially his bowel trouble; and taking a hint from that fact the Professor prescribed Swedish movements when the weather prevents out-of-door riding.

Prof. McLachlan says Aconite will abort pneumonia in many cases before the stage of hepatization; resolution being brought on at the end of the first stage. He advises its use, in such cases, in the tincture, or first attenuation.

The following remark made by Prof. Obetz, contains more than appears at first sight: "The only conditions necessary to a good closure of any wound are perfect rest and perfect drainage."

In discussing a case of sarcoma of the body of uterus, in the clinic, Prof. Wood said: "You might about as well draw the knife across the patient farther up as to perform the operation of extirpation of the uterus, statistics afford so little that is encouraging concerning the operation." He prefers to use Simpson's nail curette, scraping out the uterus and applying caustics.

Cincinnati.

PULTE MEDICAL COLLEGE.

After abortions or labors with retained placenta or membranes, Prof. Hunt prevents septicæmia by administering Kali chloricum; he also uses the same remedy in threatened abortion from fatty degeneration of the placenta.

He also states that those nurses who are noted for preserving the "shape" of young mothers, using as a means the tight abdominal band, do it at the price, many times, of retro-versions and -flexions, and he condemns the practice strongly.

The Prof. makes the statement that 90 per cent. of women abort once or more, and, moreover, that 50 per cent. of these are criminally produced. In his words: "A physician who wrongfully induces abortion, deserves to go to hell for five years."

For the obstinate constipation of the pregnant state he finds the homely sulphur and molasses, teaspoonful *ter in die*, the best. For morning-sickness, Cocaine, one grain to an ounce of water, several drops at a dose.

I suppose you all heard Prof. McDermott's command regarding the removal of foreign bodies from the ear: "*Know it is there!!*" Every one in Cincinnati heard it.

Prof. Crawford gives for eczema of the pinna, or external meatus of the ear, Menthol, five grains to the ounce of water, applied locally.

He thinks that if early diagnosed, tuberculosis can be warded off indefinitely by change of place, climate and occupation, with proper diet and a determined and persistent resistance to cough.

St. Louis.

HOMŒOPATHIC MEDICAL COLLEGE.

Prof. Kent says: "The most difficult as well as the most important thing for the Homœopath to learn is, how to administer the remedy when selected. In acute cases, when the symptoms are very violent, the action of the remedy is soon overcome by the disease, and it may be necessary to repeat frequently. But as soon as improvement sets in, stop your medicine, and give no more till the improvement ceases or other symptoms occur calling for a remedy. Be sure that you have the right remedy the first time. You will save time in most cases, if you are uncertain as to the remedy indicated, to give no medicine till you have returned to your office and consulted your books; for, if you administer the wrong remedy, it will so mask the case that it will be almost impossible to select the remedy which would have proved curative at first. In chron-

ic diseases, particularly those complicated by psora, in which antipsorics are indicated, it will seldom be necessary to repeat oftener than once in three or four weeks. I very rarely give Sulphur at shorter intervals than four weeks, and some of the most brilliant cures I have ever made were with a single dose of medicine from which no improvement was manifest for six weeks. From that time improvement was rapid and permanent."

The number of patients in the eye and ear clinic is constantly increasing. Prof. Campbell relies very largely upon the indicated internal remedy for all diseases of the eye and ear, especially chronic cases. His favorite prescription for local application is, Boracic acid, ten grains to the ounce of water, to be dropped into the eyes at various intervals, depending upon the nature of the case.

Prof. Parsons thinks the results following tracheotomy and intubation of the larynx in diphtheria do not, upon the whole, justify the means. He prefers to rely upon the homœopathic remedy.

Prof. Schott says Jaborandi will abort mumps in twenty-four hours.

Minneapolis.

HOMŒOPATHIC MEDICAL COLLEGE.

In Bright's disease, the more albumin and the worse the microscopic appearance of the urine, the better the prognosis, because the worse condition of the urine indicates an *acute stage*, and *vice versa*.—*Prof. Leonard.*

Anatomy is the *basis* of medical education, and no student need expect to pass the examination in that branch until he is thoroughly conversant with its important details.—*Prof. Locke.*

Hydrogen peroxide is the most powerful disinfectant known, being sixty times stronger than carbolic acid. It will remove the odor of putrid flesh, kill septic germs of all kinds, stop fermentation, and cleanse putrid pus-cavities. In full strength, it is a powerful irritant, but the 1 to 3 per cent. solution is best. —*Prof. Brown.*

Respiration and circulation in infants can be most accurately observed during sleep.

Do not use a battery in the treatment of disease until the acute stage is passed.—*Prof. Spaulding.*

As a dressing for burns from gunpowder or kerosene, apply Creosote solution in the proportion of one drachm to a pint of water.—*Prof. Matchan.*

After a recent amputation of frozen fingers the patient suffered the most excruciating pain. Prof. Matchan, who performed the operation, stopped the pain with one dose of Hypericum.

Iowa City.

STATE UNIVERSITY.

Prof. Dickinson, in his lecture on cholera, spoke of the probability of an epidemic of cholera in this country this coming summer. As a possible prophylactic he advises Verat. alb. three times per day.

In a recent gynæcological lecture, Prof. Cowperthwaite cited a case of a lady patient having two perfectly formed nipples in one mammary gland—the one being placed about one and one-half inches below the other. In nursing, the child uses either one at will.

Prof. Peck does not believe a dislocation of any joint can occur without tearing or laceration of the capsular ligament. In proof of his position he states—if not, a perfect joint might be prognosticated—and that, from his experience, he can never promise a patient.

Prof. Gilchrist, in a recent lecture on laparotomy and Cæsarean section, speaks very highly of Hypericum in controlling pain. After closing external wounds, a cloth moistened with 10 drops to 1 oz. of water is placed on it as the first dressing (with other appropriate bandages), with the internal use of the remedy in any attenuation.

He uses this in all amputations, excisions, etc., dispensing wholly with Morphia, claiming that under its action little or no pain is experienced.

In his lecture on Bryonia, Prof. Cowperthwaite mentioned a notable case of constipation of 25 years' standing cured by the drug. The young man had tried all kinds of treatment except homœopathic without relief, and nothing but a vigorous cathartic would move his bowels. Being induced to apply at our clinic for treatment he did so, saying that he had no faith in homœopathy. There being the characteristic stool present Bry. 200x was prescribed; three days after he began taking the remedy he had the first natural passage in 25 years, and in a month's time expressed himself cured. He removed to Montana. Seven years later he called on the Prof. and said he had no return of his former complaint.

Prof. Gilchrist considers irritation of the mammary glands by corsets one of the commonest causes of mastitis.

F. W. Southworth, of St. Paul, Minn., was elected valedictorian of the senior class.

MISCELLANY.

THE *Medical World* publishes the following letter, received from one of its correspondents:

A homœopathic physician of this place is in habit of prescribing some medicine which seems to have the curious property of breaking the glass in which it is placed. At least, before his second visit the goblet is found to be broken; whereupon he always informs the family that he forgot to tell them, but that the medicine should have been put in a cup, as it *always* breaks the glass. Then he changes the medicine. Do you know of any drug which has this effect, or does he simply seize the circumstance of a glass being accidentally broken to mystify his patients, and make them think his remedies are fearfully powerful? REX.

The editor of the *World* makes this comment:

[We know of no drug which has the effect described, and incline to the belief that the last explanation is the true one. Can any of our readers throw any light on the subject?—ED.]

[It is cruel of the homœopath to mystify "Rex" in this manner. Why not tell the name of the medicine, doctor, and the method by which we prepare it?—ED. ERA.]

CLEMENT A. LOSIER, eldest son of Dr. A. W. Losier of New York, was 20 years old and a member of the sophomore class of the University of the City of New York. About four o'clock yesterday afternoon he went to his room alone. Half an hour later, when a younger brother entered the room, he lay on the floor dead. Near by were the materials which showed what had been his occupation when stricken down. He was an amateur photographer, and in this work had gained some knowledge of chemicals. A large photograph of some of the college boys had been before him and he was in the act of cutting out a head with a view of placing it in a comic picture he was taking when evidently taken with pain and dizziness.. In that moment he had scratched across the picture in capitals the words, "O, my God, help." The words were plainly to be seen on the photograph yesterday.

NEW GLASS FOR MICROSCOPES.—Prof. Abbey and Dr. Scott, aided financially by the Prussian Government, have invented a new and valuable glass. The ordinary glass contains six substances. The new glass made by Prof. Abbey and Dr. Scott contains fourteen. The most essential elements of which it is composed are phosphorus and boron, neither of which is used in common glass. With the old glass the full power of the microscope was the discernment of the one five hundred thousandth part of an inch, and with the new glass it is claimed that the one two hundred and four million seven hundred thousandth part of an inch can be distinguished, or more than four hundred times smaller objects than with the present microscope. The difference between the new and the old glass consists of the refraction of light. The glass is not on the market yet, but will be very shortly. It will be used entirely for high power instruments.

THE Secretary of the Illinois State Board of Health, in a recent report, says: "Asiatic cholera continues its menace to the public health, both in Europe and America. Occasional cases are reported in Austria and Austria-Hungary, and one or two have occurred in the German Empire. A more direct threat to the United States, and especially to the Mississippi Valley, is in its ravages in the Argentine Republic of South America. Notwithstanding the energetic measures enforced by Chili, a recent telegram states that the disease has penetrated the cordon established along the Andes and has appeared on the Pacific slope. The Governor of Texas and the State Board of Health of Louisiana have instituted measures of precaution, the former having declared a rigid quarantine against vessels from all the cholera-infected ports of South America, and there is a general feeling of apprehension among the Gulf and South Atlantic seaports. There can be no doubt that the danger to this country for the coming summer is greater than at any time since the first cases at Toulon, in 1883."

Graduates of the Chicago Homœopathic Medical College.

A petition has been circulated, and signed by all to whom presented, calling for a full meeting of graduates, to be held in the amphitheatre of the college building, on the afternoon of the day before commencement exercises, for the purpose of organizing an alumni association.

Let *every* graduate who has the welfare of his *Alma Mater* at heart consider this a personal invitation to be present. Do not wait to be notified by letter, but keep this announcement in mind.

COMMITTEE OF ARRANGEMENTS.

The Commencement Exercises of the Hahnemann Medical College and Hospital will be held at the Grand Opera House, Chicago, Feb. 24, 1887.

The Commencement Exercises of the Chicago Homœopathic Medical College will be held at the Chicago Opera House, Feb, 24, 1887.

Oxygen in Therapeutics, by Dr. C. E. Ehinger, is out. Send orders. See Chatterton's ad. on page XI.

Lactated Food is not simply a food for infants. While it has in its composition all the elements necessary for the perfect nutrition of the young child, it also furnishes the invalid or dyspeptic with a food in the proper form for direct assimilation, composed of the most nutritious elements, and in a concentrated form. This food, when taken into the stomach, is directly absorbed without taxing the strength of that organ, which is of great importance in a weak and debilitated condition, either from local causes or general debility of the system. It will correct irritability of the stomach, and build up and invigorate the system.

For thirty-six years Lindsay and Blakiston, of Philadelphia, have been publishing their "Physician's Visiting List," which is a model of excellence. This year it contains several new features, such as a list of disinfectants, table of urinalysis, incompatibles, and many other matters useful to the physician. It is unexcelled for completeness and compactness.

A new edition of Cowperthwaite's Materia Medica is just out.

Key Notes of Medical Practice, fourth edition, is now ready.

The Missouri Institute of Homœopathy has sent out its preliminary announcement. The 11th annual session will be held at St. Louis, April 26 and 27, 1887. Officers: Joshua Thorne, M.D., Kansas City, President; Moses T. Runnels, M.D., Kansas City, Secretary.

Physicians in the South can obtain supplies of homœopathic medicines from the Pharmacy of T. Engelbach, New Orleans. See his ad. in this issue.

Dr. Fairbanks Vindicated.

Something over two years ago Mrs. Agnes J. Curtis, wife of Joseph Curtis, of 6757 Perry Avenue, brought suit in the circuit court against Dr. C. D. Fairbanks, of Englewood, claiming $10,000 damages for alleged malpractice. The case, when reached on the calendar a year ago, was postponed at the instance of the plaintiff's lawyer. It was finally called for trial last week, before Judge Rogers. After a vigorous contest before court and jury, lasting several days, in which all the circumstances were thoroughly overhauled and carefully examined, the doctor's course of treatment of Mrs. Curtis was fully and triumphantly vindicated by a verdict in his favor. It appeared in the course of the trial, where many witnesses, including a number of eminent physicians testified, that Dr. Fairbanks' practice was sustained and sanctioned by high medical authority. The doctor was summarily discharged by the plaintiff's husband, and at a very critical point in her illness, and after a delay of several days, another physician was called, who, as he testified, found her suffering from blood poisoning. The proof showed that the septic symptoms were reasonably attributable to the neglect which she suffered after Dr. Fairbanks' dismissal. It is most gratifying to Dr. Fairbanks' friends that not only has his well-established reputation as a careful and skilful physician not suffered in this ordeal, but his complete vindication places him on even a firmer footing as a reliable practitioner.

We cut the above from the *Sun*, a paper published at Englewood — the village wherein resides Dr. Fairbanks.

We congratulate the Doctor on his victory over his persecutors, for this suit was nothing but a villainous persecution — the plaintiff declaring publicly that he "did not expect to collect damages — he only wanted to drive Dr. Fairbanks out of town."

The facts in the case, as brought out at the trial, show plainly and conclusively that the responsibility, if there were any, rested not with Dr. Fairbanks, but with another physician, who was called in later, and who failed to use antiseptic precautions under circumstances where they were plainly called for. There is too great a disposition on the part of malicious people to visit personal spite upon a doctor by instituting a suit for "malpractice," and the profession at large owes Dr. Fairbanks a debt of gratitude for having crushed another of these vermin.

W. Baker & Co., of Dorchester, Mass., have issued a neat book on Cocoa and Chocolate, which makes interesting reading. The consumption of these articles have increased six-fold in the last 20 years.

THE CLIMATE OF FLORIDA.

To the Editor of the Era:

The relative temperature of various portions of Florida has been an interesting study — especially to physicians — who, before they send patients to that State, should know that no State in the South has such a varied temperature. It is not safe to send a rheumatic, neuralgic, or patients suffering from pulmonary troubles, to Florida, without telling them that they should not stay north of latitude 30 degrees, which lies about midway between Jacksonville and Palatka. A reference to the following temperature report will show why:

FLORIDA.

STATIONS.	Bar.	Ther.	Wind.	Weather.	Rain.
Jacsonville—7 a. m.....	30.20	28	N. W.	Clear.	..
Key West—7 a. m.....	30.10	55	N. E.	Clear.	..
Sanford—7 a. m.....	30.17	36	N.	Clear.	..
Jacksonville—8 p. m.....	30.11	59	Calm.	Clear.	..

1. The temperature of Sanford, which includes Enterprise, Deland, Orlando, Winter Park, and that region, averaging 5 degrees higher all winter than that at Jacksonville and St. Augustine; *e. g.*, the coldest day in Florida this winter the mercury stood at 22 degrees at Jacksonville, and 28 degrees at Sanford. Yesterday it was 39 degrees above at Jacksonville, and 49 degrees at Sanford. There has been no exception, and this difference this winter is a great boom to orange growers, for oranges freeze at 22 degrees.

2. At Sanford the clear days are five to two at Jacksonville. This is of great importance to invalids and tourists. Patients will improve much more in clear than in cloudy weather, and invalids should remain in that portion of the State where there is a preponderance of cloudless days, for sunshine is the greatest physician in this world.

3. The air is much dryer in the middle portions of Florida than in the northern or southern. Sanford lies in the middle, or "orange belt." Patients with asthma, bronchitis, neuralgia, rheumatism, or incipient phthisis are comfortable, and improve in this region, but they do not do well in the other regions above or below this belt. This is the result of my observation for several years.

E. M. HALE, M. D.

THE Rio Chemical Co. has removed to 401 N. Main street, St. Louis, Mo.

ERRATUM.—In a recent number of the *Medical Record*, the editor cautioned his readers not to be betrayed into giving three drachms of Fowler's solution at a dose, instead of three minims, as stated in an article in a previous issue. Now we call upon our readers not to give Nitric acid instead of pure water, as indicated by a typographical error in the last ERA.

In this connection we can give the additional information that Iodine of Lime is soluble in *boiling* water, forming a colorless solution, all the Iodine being dissolved and held by the water, while the superfluous lime precipitates in the form of a carbonate which may be removed by filtration.

PERSONALS.

Dr. S. M. Campbell has removed from Fairfield, Ia., to Omaha, Neb.

Dr. G. E. Harrison has removed from Ashley, O., to Chattanooga, Tenn.

Dr. G. F. Lydston has the power of voluntarily inhibiting his heart's action.

Dr. E. H. Pratt has in preparation, soon to be issued, a handbook on "Orificial Surgery."

DR. W. E. REED, formerly associate editor of the *Current*, is now chief-of-staff of that journal.

DR. CHAS. M. KOIER has taken an associate in the practice of medicine — Dr. Howard Crutcher.

Dr. L. D. Coombs, of Colorado Springs, has an interesting article in a recent number of *The Republic*, on "El Paso Co. as a Health Resort."

DR. CHAS. MAYER, a prominent member of our school in Louisville, Ky., has been appointed by the Governor, as a member of the State Board of Health.

DR. J. MARTINE KERSHAW, whose name is so familiar to the profession, is the new editor of the St. Louis *Periscope*, and we welcome him most heartily to the fraternity.

DR. D. S. SMITH has been elected President of the Hahnemann Medical College and Hospital, Chicago, to fill the vacancy created by the death of the late Dr. A. E. Small.

Dr. W. M. STEARNS, of 100 State street, Chicago, is the author of the very able paper on "Indications for Extirpation of Enlarged Tonsils," in the January number of the ERA. The types made it *Stevens*.

BOOK REVIEWS.

A SYSTEM OF SURGERY. By William Todd Helmuth, M. D. Fifth edition; enlarged, rearranged, revised, many parts rewritten and much new matter added. Illustrated with 718 cuts on wood. F. E. Bœricke: Philadelphia. 1887.

When the fifth edition of a book appears, it is sufficient evidence that the profession has already rendered a favorable verdict. Little more need be said, except to call attention to the new matter to be found in this edition, which the previous ones did not contain. Among these may be noted:— Transfusion of blood by the intra-peritoneal method; nerve-suturing; new apparatus for fracture of the clavicle; cerebral surgery; O'Dwyer's method of intubation of the larynx; Bigelow's method of litholapaxy, and Pratt's new instruments for operations in orificial surgery.

In his therapeutics Prof. Helmuth is true to the traditions of Homœopathy, for the treatment of surgical diseases, and the after-treatment of surgical cases are handled according to the best teachings of *similia*. The work is a credit to our school, a credit to the publishers, and a credit to its eminent author.

DISEASES OF THE LUNGS AND PLEURÆ, INCLUDING CONSUMPTION. By R. Douglas Powell, M. D., Lond., Fellow of the Royal College of Physicians. Third edition, rewritten and enlarged, with illustrations, including two lithographic plates; being Vol. XI. of Wood's Library for 1886. New York, William Wood & Company.

This volume contains the latest doctrines on the nature and pathology of phthisis, by an eminent authority. Dr. Powell occupies a conservative position regarding the relation of the tubercle-bacillus to the phthisical process. He says: "The position of the tubercle-bacillus is not yet established, although so intimate and exclusive is its association with the lesions of phthisis, that by its recognition in excreta or expectoration we obtain a valuable criterion for diagnosis in obscure cases."

TRANSACTIONS OF THE HOMŒOPATHIC MEDICAL SOCIETY OF THE STATE OF PENNSYLVANIA. Twenty-second Annual Session, 1886. Philadelphia, 1886.

Drs. Clarence Bartlett, J. F. Cooper and Horace E. Ivins, the publishing committee, have done excellent work in issuing this volume so promptly, and in such good style. It contains many valuable papers, which should not be restricted to the narrow circle of readers to which they will be limited. When will the Societies adopt the plan of publishing their papers in the periodical medical journals?

DISEASES OF THE BLOOD AND NUTRITION, AND INFECTIOUS DISEASES; being Vol. IV. of "A Handbook of Practical Medicine," by Dr. Herman Eichhorst, and Vol. XII. of Wood's Library for 1886. Illustrated. New York, William Wood & Company.

We have before had occasion to praise Dr. Eichhorst's Handbook. The work is especially valuable for its accuracy, and also because it contains the results of the latest discoveries in medical science, made by the most eminent authorities. The work is an illustration of the well-known fact, to which there are very few exceptions, that whatever a German does, is well done.

A new serial story by James Otis, the author of "Toby Tyler," is begun this month in *St. Nicholas*. The author calls it "Jenny's Boarding-house: a very quiet but very true story of New York life." It deals with the doings of a lot of little newsboys and a baby whom they adopt, and it begins to be interesting with the first paragraph.

The variety in the contents of the current *Century* is not less noticeable than the geographical distribution of their origin. In subjects and contributors all sections of the country are represented, and appeal is made to many tastes. Politics, biography, travel, fiction of four kinds, art, architecture, astronomy, public questions, war reminiscences, unwritten history, poetry and humor furnishes topics of vital and present interest.

The second (February) number of *Scribner's Magazine* opens with an article of general and scholarly interest, entitled, "The Likenesses of Julius Cæsar," by Mr. John C. Ropes, the well-known writer of military history, which is superbly illustrated with eighteen portraits, reproductions of photographs from statues.

DR. W. H. MORSE, of New York City, author of *'New Therapeutic Agents,"* says: "Liebig Co.'s Coca Beef Tonic is really a wonderful preparation. My success with it has been invariable. As a specialist in diseases of children, I can, as the result of much experience in its use, justly say that it is without equal for delicate children. It is, in fact, the only preparation of coca that can be safely given to children.

"As an advocate of temperance, I may add that it is a substitute for alcoholic liquors for convalescents."

DEDHAM, ME., October 20, 1881.

TO THE LIEBIG COMPANY: *Gentlemen:*— Your agent left me a bottle of your "Coca Beef Tonic" for me to try. I took it myself, as I had been sick for a number of months with a lung affection, and was not able to practice. It helped me very much — so much so, that I am now about as well as usual. I have since given it to a number of patients, and it has benefited every case. I am indeed most thankful that it came to my hands. *I had tried different preparations of Coca before, but had no effects from them.*

H. S. PHENIX, M.D.

SCOTT & BOWNE, manufacturing chemists of New York, make a specialty of producing an emulsion of cod liver oil with hypophosphites. Their great care in selecting the oil and in making the combination is amply proven by the high therapeutical value set upon the emulsion by the profession. It is no new remedy, but has been steadily growing in demand for a number of years. It is certainly very useful in restoring wasting tissue, and in cases of scrofulous children it acts almost as a specific. They also offer a Buckthorn Cordial which is highly useful in the treatment of constipation.—*Massachusetts Eclectic Medical Journal.*

FOR SALE. A $2,000 practice in a city of 9,000. For particulars address Dr. M. A. Stafford, Peru, Indiana.

HAHNEMANN MEDICAL COLLEGE.

Philadelphia, Jan. 7, 1887.

Prof. Dudley early informed us of the death of Dr. Small. There now remains, we believe, but one living representative of the original faculty of the Hahnemann College of Philadelphia. With those who were more intimately associated with Prof. Small we most heartily condole; for if his zeal for homœopathy, which was tempered with love for mankind, had not made us love him, the fact of his having been a lecturer with the original faculty of our beloved *Alma Mater* and signed her first diplomas, is abundantly sufficient to make us revere his name. We cannot write his eulogy, but

In silence we hear his requiem,
Which never can float in speech;
For his memory 'rouses emotions
Too lofty for language to reach.

T. L. M.

The Scheme of Dr. McCancer and Prof. Lightdrug.

Young Sawbones McCancer he was an M. D.,
With an office in Trinity square.
He could amputate elbows or legs at the knee,
And analyze handfuls of hair.

He could write a prescription in French or Hindoo;
Charge a syphon of vichy with gas;
Or make a small pill out of poison and glue,
Or an inward emetic from grass.

He could follow a germ to the end of its term,
And diagnose fidgets and fits;
He could tell you the cut of a roach or a worm,
And vivisect canines and kits.

But business was dull, and the dollars were few,
And he longed for a "beautiful case."
No compound abrasions nor fracturings new
Had happened of late in the place.

So he sought Dr. Lightdrug, the great homeopath,
And with him, he talked the thing o'er.
"Dear doctor, lets smother our choler and wrath
And dwell now in peace evermore."

Said Lightdrug: "Well said; we must try to invent
Some new and peculiar disease,
Which will be just as sure to come round as the rent,
While we become fat on the fees.

"When a woman is lazy, or tired, or blue,
Or a man has been out rather late,
We'll say 'tis a malady, something quite new,
And the danger's remarkably great.

"We'll prescribe a bread pill, or molasses and tea,
And give them some technical name."
Said McCancer: "Quite good! You're a genius, I see,
Let us haste to begin with the game.

In a month from the time of this ethical talk
The sickness was sad to behold;
For women grew white as a statue of chalk,
And affliction possessed young and old.

The ladies of wealth were all struck with the plague;
Because—don't you see?—'twas the style;
And the gentlemen, too, when they felt rather vague
From too frequent attempts at a "smile."

Thus they raked in the dollars; their bank accounts grew;
And each ran a double-horse chaise.
These doctors gave dinners to nabobs they knew,
And filled their own names with high praise.

And the medical journals assured the scheme fame
By discussing each case great and small,
And called the disease (it needed a name)
"Malaria" simply— that's all.

THEY SAY

THAT a whale is not a fish.

THAT all hair-dyes contain lead.

THAT Glycozone is the coming antiseptic.

THAT the normal temperature of a dog is 102° F.

THAT glycerine was first offered for sale in 1846.

THAT there are 80,000 doctors in the United States.

THAT Helmholtz invented the ophthalmoscope in 1851.

THAT there are 2,500 women physicians in the United States.

THAT Pasteur has treated 2,490 patients with only 10 deaths.

THAT the supra-pubic operation for stone is gaining in favor.

THAT mosquito-netting is the best material for bandaging the eye.

THAT there is one doctor to every 600 people in the United States.

THAT the fair for the benefit of the Minneapolis Hospital netted $1,700.

THAT "peptonuria' will soon be added to medical nomenclature.

THAT the middle portion of Florida has the most equable temperature.

THAT the annual consumption of quinine in the United States is 81 tons.

THAT a medical college — old school — is to be started in Milwaukee. Next!

THAT there are 25,810 doctors in Great Britian, or one to every 1,350 inhabitants.

THAT there were 10,000,000 nursing-bottles made in this country the past year.

THAT the Germans are using Phenylhydrazin for the detection of sugar in the urine.

THAT there are only 18 cases of fracture of both clavicles on record in medical literature.

THAT the medical colleges of this country have received over $12,000,000 in the last ten years.

THAT in a steamboat explosion the only person saved was a dressmaker. Survival of the fittest!

THAT a lady sent a note to a druggist asking for "a nursing bottle for a baby with a long tube."

THAT a man in St. Louis couldn't sleep in church because the *nap* was worn off his coat-collar.

THAT beef-tea contains very little nutriment -- only a quarter of an ounce of solid residue in a pint.

THAT there is one doctor to every 6,226 people in Russia. We could spare them a few from this country.

THAT Horner, of Zurich, says that all cases of suppuration in cataract extraction depend upon infection.

THAT the difference between a hill and a pill is that one is hard to get up, and the other is hard to get down.

THAT a Chicago woman turned down the folding bed, and then looked under it to see if there was a burglar there.

THAT the difference between a cow and a baby is that a cow drinks water and makes milk, while a baby drinks milk and ——

THAT the consumption of cocoa in the United States has increased six times since 1860, while that of coffee and tea has only doubled.

THAT in Norway 18 per cent. of children die under the age of five years, while in this country forty per cent. die in the corresponding period.

THAT a Philadelphia quack said to the man who wanted his money back—"Not a cent do you get from me; all I want is your money. The world is full of such fools as you."

THAT the blood in making the rounds of the circulation travels 207 yards per minute, 7 miles per hour, 168 miles per day, 61,320 miles per year, and 5,150,000 miles in a long lifetime.

THAT a negro woman in a Texas town was taken with labor-pains while walking the street, the baby was born in a few minutes, and she picked it up and carried it home in her apron.

THAT the allopaths recently held a convention in a place in Pennsylvania, and the resident homœopath telegraphed to the New York papers that a detachment of the Salvation Army had come to town.

THAT the Surgeon of the Massachusetts General Hospital, Boston, says he has twice cut open the bladder during an ovariotomy. He sewed it up again and no disastrous consequences followed.

THAT the old-school journals a short time since reported a new "specific" for consumption. The next week they reported another new "specific" which is more of a specific than the other "specific."

THAT among some of the tribes of American Indians, when a man dies they always kill the "doctor" who attended the patient. It is said this custom has rendered the practice of medicine very unpopular.

THAT the latest "specific" for phthisis that the old-school has discovered is to pump sulphuretted hydrogen gas in at the rectum and let it be absorbed by the system. This is reversing the usual order of nature.

THAT an Eastern correspondent of the ERA says there is some unfavorable comment regarding our offer of a hypodermic syringe to new subscribers. We beg to remind them that we do not compel those getting syringes to use morphine in them — they can squirt *aqua pura* for aught we care. They are also useful in cases of poisoning, to inject the antidote. How would that work?

THE MEDICAL ERA.

CHICAGO, MARCH, 1887.

JAMES E. GROSS, M.D., CH. GATCHELL, M.D., *Editors.*

RAISING THE STANDARD.

The following table gives the number of graduates of the Homœopathic Colleges of the United States, by cities, in the last five years :

	1882.	1883.	1884.	1885.	1886.	Totals.
1. Chicago.....	108	133	116	97	102	
	38	39	39	30	52	
	146	172	155	127	154	— 754
2. New York...	36	47	53	40	42	
	10	9	8	13	13	
	46	56	61	53	55	— 271
3. Philadelphia.	57	53	41	48	58	— 257
4. Cleveland....	52	55	40	30	26	— 203
5. Boston.....	29	30	34	26	18	— 137
6. Cincinnati...	34	31	15	30	16	— 126
7. Ann Arbor...	23	20	20	20	6	— 89
8. St. Louis.....	18	9	20	9	17	— 73
9. Iowa City....	16	12	12	10	11	— 61
Total.....	421	438	398	353	361	— 1971
10. Lincoln.....	..	..	3	5	4	— 12
11. San Francisco	..	..	..	7	6	— 13
Totals.....	421	438	401	365	371	— 1996

By this it will be seen that, as in many other things, Chicago heads the list, having a total of 754 graduates — 483 more than her closest competitor!

The highest number of graduates in this series of years was reached in 1884 — 438; and the lowest (excluding the new colleges) in 1885 — 353, a falling off of 85.

While there are several lessons to be drawn from this table, the most significant fact is that there is a gradual decline in the number of graduates in most of the colleges. But this is a matter for congratulation, for it indicates, not that there is any decline in the demand for homœopathic doctors, but that there is a demand for better ones. The stale cry of "raising the standard of medical education," repeated for years at every "commencement" and every convention, has not been without meaning. The standard is being raised — not in a day, not in a year, but slowly, gradually and surely.

The result will be seen, in future years, in better educated physicians, who will render better service to the people and, as a consequence, some lives will be saved that would otherwise have been lost, and the period of sickness, in many cases, will be materially shortened.

A good homœopathic doctor is better than a poor one, whereas, in the dominant school, there is little choice unless you get hold of a man who has learned to treat on the "expectant" plan. But beware of the "drugger" who supports the druggist.

NEW DISCOVERIES.

The allopaths still continue to discover our most ancient discoveries. Colocynth long ago entered the list. Mercury, in small doses soon followed. Aconite, cantharis, ipecac, pulsatilla and others have found favor in their sight, and now an item is going the rounds of their journals extolling the virtues of thuya occidentalis, which is credited with the "remarkable property of causing the disappearance, in a very short time, of all kinds of vegetations and warty growths, by its internal administration." The article in question is headed "Novel Treatment of Warts," and the remedy is said "seldom or never to fail."

It has been said that the old school will either swallow us, or be swallowed by us. Wouldn't it be well to let them do the swallowing, and then come the same game that the pinch-bug did on the bull-frog?

XII.

THE DOCTOR TALKS.

"Shrady is right!" exclaimed the Doctor.

"What Shrady?" I asked.

"George F."

"Right in what?"

"Why, haven't you seen his latest? Here it is, on page 154 of the *Medical Record* of Feb. 5th. It says:

"'HOMŒOPATHY AND HYPODERMICS.—The dean of a homœopathic medical college in this city is reported to have bought another hypodermic syringe recently. This is not what Hahnemann taught; it is not homœopathic.'

"Of course Shrady is right! Hahnemann never taught the dean of a homœopathic medical college to buy a hypodermic syringe. Of this I am positive, for two very good reasons. In the first place, when Hahnemann lived there was no such thing in the wide, wide world as a hypodermic syringe. Neither was there such a person as a dean of a homœopathic medical college. So what I want to know is, how Hahnemann could have taught a person who never existed to buy a thing that never existed? Hypodermic syringes are of modern invention, and it is an utter impossibility that Hahnemann should have taught anyone to buy them.

"I see nothing for it but to admit that Shrady is right!"

***

"'It is not homœopathic,' says Shrady.

"Correct again! Of course it is not 'homœopathic' for a dean to buy a syringe! It is merely a little business transaction between the dean and the instrument-seller. Moreover, it is a very simple business transaction, especially if the dean paid cash for the syringe.

"Again I say, Shrady is right!"

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"But sometimes Shrady is wrong.

"On page 155 of the same number of the *Record*, directly opposite the article already quoted, and so placed that when the journal is closed the two lie face to face, I find the following:

"'PULSATILLA IN ACUTE ORCHITIS.—Dr. Gerard Smith writes (*British Medical Journal*) in the following enthusiastic strain about pulsatilla: 'Having witnessed the striking curative action of pulsatilla in acute orchitis and epididymitis, I should like to persuade others to follow Dr. Brunton's advice and give this drug in inflammatory states of the testicle, epididymis, and spermatic cord. To have it in our power to subdue promptly the intense suffering of such cases is a great blessing; and the relief is so rapid that it is even unnecessary to employ morphine to subdue the pain, while the swelling and the heat subside more rapidly than under any other drug.'

"Now here is something that Hahnemann *did* teach; here is something that *is* homœopathic! Long before there were any such things in the world as hypodermic syringes; long before there were deans of homœopathic medical colleges, Hahnemann taught and practiced the administration of Pulsatilla for the cure of orchitis and epididymitis! And yet, in the year of our Lord one thousand eight hundred and eighty-seven, Dr. George F. Shrady learns from Dr. Gerard Smith, who learned from Dr. Lauder Brunton, who learned from the disciples of Hahnemann, that Pulsatilla is a good remedy in orchitis and epididymitis!

"Why did not Dr. Shrady add—'*This is what Hahnemann taught; it is homœopathic*'?

"Shrady did wrong."

***

"When our friends, the enemy, show a disposition to deal with homœopathy in any spirit of justice, they will deserve serious consideration. But so long as their criticisms partake of the nature of petty fault-finding, as shown on one page of the *Record*, and of unfairness and want of candor, as shown on the opposite page, it were better that we give our attention to the founding of more homœopathic colleges and hospitals, and make no attempt to curry favor with those whose tenders of love and friendship come from the spleen rather than from the heart."

***

"Not long since a Boston professor by the name of Bowditch lectured for more than an hour trying to convince his audience that the *only* objection to homœopathists was their name; if this were dropped, all would be forgiven and forgotten, and harmony, like an angel, would dwell in our midst. And yet, when a certain New York journal put into practice this very piece of disingenuous advice, the editor of the *Medical Record* said:

"'*In consequence of its course it is receiving severe criticisms from many of its quondam brethren, while it gets a very unappreciative hearing from the regular school.*'

"A high authority has said that no man can serve two masters, owing to the difficulty involved in pleasing both of them at the same time, but in this instance," remarked the Doctor, "it seems to be a matter of impossibility to please even one." SELAH.

NASAL REFLEXES IN THE PRODUCTION OF OCULAR SYMPTOMS.

By J. H. BUFFUM, M. D.
CHICAGO.

Read before the Indiana Institute of Homœopathy at its meeting in May, 1886.

THE study of ocular reflexes in their relation to various affections, such as vertigo, nausea, headache, and many nervous phenomena, is one of the most fascinating features of the advances which have been made in Ophthalmology during the last few years; on the other hand, the production of both functional and organic diseases of the eye through reflexes arising from affections of remote organs, have given us much food for thought.

The careful observer and patient investigator in these directions is amply repaid for his efforts in the results obtained by the proper direction of treatment in individual cases. These patients more frequently requiring treatment at the hands of the physician, surgeon or gynecologist for removal of the cause of the eye affection, and reflect credit upon the ophthalmologist who diagnoses the true condition, as well as upon the physician or surgeon whose therapeutic or operative skill removes the exciting cause, and thus, oftentimes, produces a brilliant cure in what was supposed to be a purely local eye affection.

Two years ago in a paper read before the Illinois Society I called the attention of the profession to the various reflex ocular symptoms which are produced by diseases of the uterus and disorders of menstruation, at that time tracing the connection between the uterus by means of both the circulatory and nervous systems and the eyes. Since that time observations in a large number of cases have fully borne out the statement then made.

More recently attention has been called to certain diseases of the nose in the production of reflex neuroses. Among the neuroses which have been demonstrated by Chroback, Hock, Frænkel, Bresgen, Sommerbrodt, Schurz, and others in their clinical observations are nightmare, migraine, neuralgias, — dental, supra-orbital and facial — asthma, dyspnœa, cough, vertigo, epileptoids, otitis, and hay-fever.

The production of these manifestations being due to a peculiar swollen and erectile condition of the mucous membranes covering the anterior portion of the inferior turbinated bones, due to a distention of the cavernous tissue spaces which underlie them.

It has been well known for some time that there exists a cavernous erectile tissue on the lower and middle turbinated bones. This tissue can be irritated and made turgescent by reflexes arising from other parts of the body and by morbid local changes, and then produce neurotic symptoms. The neuroses are generally transmitted by the first and second branches of the trigeminus, but the olfactory also plays its part, as it is well known, for instance, that a headache, or asthmatic attack may supervene upon the smelling of roses, violets or other flowers, or upon entering a room in which they are displayed. One or both inferior turbinated bones may present this turgid condition, or we may find it existing in other portions of the nasal fossæ.

This condition is not to be confounded with hyperplastic or inflammatory thickness arising from rhinitis and nasal catarrh, from which it is readily diagnosed by a careful examination. The puffy erectile swelling, which may be sufficient to press upon the septum, or yet not occlude the nasal lumen, will disappear under continued pressure of the probe, to reappear upon the removal of this pressure, and the mucous membrane may not participate in the disturbance, but be of normal color and not sensitive to touch, while the hyperplastic condition due to chronic rhinitis shows the submucous structures to be quite unyielding when pressure is made. The diagnosis thus readily made should be borne in mind by every practitioner because the neuroses occurring from this peculiar nasal affection are of much greater importance to the general practitioner, to whom patients suffering from the various affections enumerated apply for relief rather than to the specialist in any department in medicine.

In addition to the affections arising from nasal diseases, conjunctivitis, conjunctival hyperæmia, epiphora, or annoying lachrymation, supra-orbital and frontal headaches, photophobia, supra and infra-orbital neuralgias have long been known to result from extensions of catarrhal diseases of the Schneiderian membrane or from pressure occurring in hyperplastic inflammation of the turbinated bones or other portions of the nasal fossæ.

My purpose to-day, however, is to present to your consideration certain groups of ocular symptoms which may well be considered as due to reflexes which are dependent upon certain nasal affections which are not traceable to continuity of tissue.

In a monograph recently published by W. Hock, of Freiburg, upon the operative radical treatment of migraine, asthma, hay-fever and many other related manifestations arising from nasal diseases, excellent results are reported. Since then many of his followers have observed the following ocular symptoms in addition to those already mentioned: pain and pressure in and around the eyes, affections of the eyelids, fluttering scotoma, and other disturbances of vision, with or without accompanying photophobia.

The following cases, with their treatment, are confirmatory of the statements made and are sufficiently confirmatory to attract attention to the effect of nasal reflexes.

Case 1. Miss G., aged 18, complains of much frontal headache, heaviness at the eyelids, smarting and burning of the eyes on use at near range, with aggravation of uncomfortable feeling about the eyes in the morning on waking, suffusion of the eyes on exposure to bright light or cold air. Has had much treatment for a year past from her family physician and also from an oculist, without relief from the symptoms. Examination shows the eye apparently normal in every respect as regards refraction and general appearance of fundus and conjunctival membrane. The nose, however, revealed an enlargement of the spongy tissue covering the inferior turbinated bones of both sides, more marked on the right side, where the deflected septum resulted in closure of the lumen at that point. The daily application of seven per cent solution of Nitrate of silver, followed by that of Boroglyceride in ten days together with the internal administration of Arsen. iod., made a rapid reduction of the swelling on the turbinated bones, and cleared up the ocular symptoms.

Case 2. C. D., aged 37, gives the following history: For many years "I have had an unpleasant feeling in the eyes in the morning, which seemed to be caused by the light. The eyes feel dry and are difficult to open, although only very rarely is there any secretion upon the lids. The eyes feel weak all day, and I have not been able to read at all in the evening for the last three years, as the gas light seems to aggravate the whole trouble very much. I have had washes of all kinds applied to the eyes, used electricity and have been treated with internal remedies, but have obtained no permanent relief from anything."

The vision was found normal, the refraction emmetropic, and only a slight hyperæmia of the conjunctival surfaces at the lids existed to account in any way for the ocular symptoms.

Examination of the nose, however, exhibited almost complete stenosis of the left nostril from hypertrophy of the mucous membrane covering the inferior and middle turbinated bones. The right lower turbinated also exhibited considerable enlargement, although not sufficient to encroach upon the opening of that nostril. With this condition there existed a chronic rhinitis which probably brought about the hyperplastic changes. Numerous sensitive areas were discovered during the examination with the probe. The treatment consisted of a thorough cleansing of the nostrils from all secretions, the application of Boro-glyceride to the membrane by the cotton carrier, and frequent cauterization of the hypertrophied tissue of the left nostril. Internally Kali hyd. every two hours was given and in three weeks' treatment the whole condition of the nose had been much improved and the condition of the eyes much better. Two months later all the eye trouble had disappeared, and the patient reported his ability to use the eyes with comfort for all purposes.

Other cases might be cited which presented similar symptoms and were relieved by treatment of the existing nasal condition, where ocular and general treatment had previously failed to cure.

All cases have not been relieved by the treatment of the nasal obstruction or a disappearance of the swelling of the erectile tissue of lower turbinated bones. Yet the results obtained have been very satisfactory in the majority of cases, and the treatment of the nasal condition presents a method of relief which is indicated in a class of cases otherwise impossible of cure.

It should also be remarked that in many cases the nasal diseases may be present without exciting any disturbances in the eyes.

Why these conditions should give rise to ocular symptoms and other reflex neuroses in some cases and not in others is difficult of explanation, but observation leads us to believe with Rosenbach that these affections of the nasal fossæ are more prone to exist in those cases where there is a neurasthenia or hysterical condition of the nervous system, as the trouble appears more frequently in those of a

more sensitive nervous organization and in adults rather than in children.

A great many cases, showing cause and effect, might be cited, which might give countenance to many theories that have already been advanced in regard to these reflexes; but calm judgment and a careful analysis of cases will show us that many of these affections while apparently directly reflex may have been only coincident with, and not arising *from* nasal affections. Hence it is only in careful and complete observations of many cases in which the removal of the supposed cause results in cure, can we arrive at definite conclusions in regard to such cases.

In addition to those cases I have given and others of a similar nature that might be cited, the following case, which recently came under my care, is illustrative of the more serious results which may occur from nasal affections. The patient, a man 40 years of age, presenting himself at my clinic at the Chicago Homœopathic College for relief from attacks of blindness from which he had suffered for a month past. He had had a similar trouble three years ago and afterwards found that the sight of the right eye was very dim. The patient said that for the last three or four years he had had constant frontal headache and a bad catarrh, which was always worse in damp or cold weather. Examination of the vision showed, right eye, $\frac{1}{200}$; left eye, $\frac{20}{20}$, with no error of refraction. Ophthalmoscope shows media clear and no perceptible changes of the fundus or optic disk in either eye. The attacks of blindness have become very frequent and are accompanied by severe pain in the nose, forehead and temples. The attacks came on suddenly lasting from one to several minutes and are claimed to be complete and unaccompanied by any cerebral disturbance or nausea. They have been much more frequent lately, he thinks because of the wet weather. An examination of the nose showed complete impaction of the nostril of each side with numerous polypi, mucous and fibres. The patient did not remember when he had been able to breathe through the nose. Twenty-two polypi of varying sizes were removed from the nostril in three sittings, and the attacks of blindness at once disappeared, and the vision of the left eye became normal in a month, while the sight of the right eye remained unchanged. The pain in nose and head, together with the nausea gradually disappeared under treatment, but, there being no improvement in the vision of the right eye, he was discharged after treatment extending over three months. In regard to the manner in which these nasal and naso-pharyngeal growths produced the blindness, I am unable to offer a satisfactory explanation, as cases of this kind, as far as I have been able to look the matter up, have not been reported. It would not seem that such soft growths would be likely, although closely packed together, to produce sufficient pressure upon the optic to cause blindness. The pressure may, however, have arisen from the obstruction of the sphenoidal sinuses, as the largest growths were in the vault of the pharynx, and in examining a number of skulls I found in many cases that portion of the sphenoid which gives passage to the optic nerve is sufficiently thin to be non-resisting under continued pressure of retained secretions in the sinuses.

INEVITABLE ABORTION.

By GEO. R. SOUTHWICK, M. D.
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(Notes from a Lecture. Reported by W. F. Sumner).

ABORTION may be considered inevitable when one or more of the following conditions are present:

(1.) *Profuse* flow of blood from the uterus;
(2.) *Severe* labor-like pains;
(3.) Escape of the liquor amnii;
(4.) Dilatation of the os and descent of the ovum so that it can be reached.

First.—Treatment. When abortion occurs before the beginning of fourth month.

The embryo and secundines come away intact; patient must have complete rest; put her to bed and give the remedy indicated (Arnica, Sabina, Secale, Belladonna, or China).

Hemorrhage is the most serious symptom, and must be controlled. This can be done by a vaginal plug. The tampon will prevent flow, and excite uterine contractions. Make the tampons of cotton wadding, and if this be not at hand use silk handkerchiefs, candle-wicking, roller bandage, or soft linen napkins. Do not use absorbent cotton, as this, after absorbing blood, will shrink and allow blood to escape around it.

Make a number of tampons the size of English walnuts and tie to them linen or silk threads, about six inches in length. After placing the woman in Sims' position—left side, one-third on abdomen, thighs flexed,

upper knee drawn higher on abdomen than lower, hips raised by pillow—insert Sims' speculum. Squeeze the tampons quite dry, out of glycerine or a three per cent solution of carbolic acid; pack them around the cervix, and one disk of cotton a little larger than the others over the os uteri. Fill the vagina more or less, but never let the tampons project from the vulva.

Use fewer tampons when there is but slight hemorrhage. Remove the tampons in twelve hours, and sooner if there be much pain or any offensive odor.

The embryo will be found at the external os, or behind the vaginal plug.

Second.—When abortion occurs between the beginning of fourth and end of sixth month.

The fœtus comes away first, while the placenta and membranes often remain and become a source of great danger to the patient.

Examine cloths, towels, bedclothes, and wash out the clots in cold water to see if the placenta has been discharged. Unfortunately, the cloths are usually thrown away.

If the placenta remains, the uterus will be globular as felt by bi-manual palpation, instead of a little flattened antero-posteriorly.

When the os is dilated the placenta can be usually felt, and so long as it is retained there is a varying amount of hemorrhage, either continuous, intermittent, or in gushes, and considerable danger of septicæmia from the degeneration and decomposition of the after-birth.

Even in cases of some months' standing, the history of abortion, and repeated attacks of hemorrhage also indicate either partial or complete retention of the secundines. Sometimes when the attachment to the uterus persists, a placental polypus is formed.

To remove the placenta when within reach and os dilated, place the patient across the bed with shoulders raised, knees drawn up, buttocks flush with edge of bed; with the hand externally, crowd the uterus forwards and downwards towards the pubes. Introduce the finger and peel off the placenta by passing the finger up to one side, across the fundus, down over top of placenta, and working a little from side to side so as to separate it from the uterine wall. The finger is far superior to any instrument.

When the abdominal walls are firm, preventing pressure on the uterus, and the placenta is just beyond reach, or the cervix contracted, do not try to remove it, as more hemorrhage will follow a partial separation, which it is exceedingly difficult or impossible to complete.

Plug the vagina as before for twelve hours, and if the placenta is not expelled from the uterus follow the removal of the plug with a hot vaginal injection, and plug for another twelve hours. Rather than plug a third time, or if there are any signs of septicæmia, insert into the cervical canal a tupello tent of large size, or dilate with Goodell's uterine dilator. Steady the uterus with vulsellum forceps, and use a large size stiff Thomas' curette, or a hook of stiff copper wire. Follow the removal of the placenta with a hot vaginal douche. Wind three layers of cotton around a sound, dip it into Iodine, and swab out the cavity in case there is profuse bleeding which is not controlled by irrigation with hot water.

The uterine walls are soft; be careful that the finger does not go through. Keep its palmar surface, as well as make the motions towards the uterine cavity when tearing off the placenta.

Third.—When premature labor occurs after the sixth month.

The child is born first, and the placenta soon follows. If it does not, it may be expressed by Credé's method, or removed by the hand.

All cases of abortion and premature labor should be treated as cases of labor at full term, and insist on a week's or fortnight's rest in bed, never allowing the woman to go about the house while there is any local pain, soreness or bloody discharge.

CUBEBA OFFICINALIS.

By E. M. HALE, M. D.
CHICAGO.

PREPARATION:—*Tincture; Oleo-resins; Triturations.*

Cubebs consists of the dried berries of the *Piper Cubeba*, a climbing perennial plant which grows wild in Java. They have an aromatic odor and a warm, peppery and camphoraceous taste, and contain about ten per cent of an essential oil, besides cubebin, resin, etc. Arabian writers describe Cubebs as possessing diuretic virtues, and as fitted to cleanse the kidneys and bladder of sand and gravel. Mathialus says it was used for leucorrhœa, sterility and impotence. Oriental physicians used it to "comfort the stomach,

to resolve the enlarged and oppressed spleen, to expel flatulence and stimulate the womb;" but its principal use was to promote the venereal appetite. In the East Indies it was long used for gonorrhœa. It was introduced into Europe by two English surgeons in 1818. One of these, Dr. Crawford, in his original description of Cubebs, says that it often occasions slight purging, with a sense of warmth in the rectum; and increases the urine. Now and then it causes flushing of the face and a burning heat in the palms of the hands and soles of the feet. Its continued use does not appear, like Copaiba, to derange the digestive function and destroy the appetite. On the contrary, it tends rather to strengthen them. An attack of partial paralysis of the face has been attributed to Cubebs. Crane noticed that it sometimes appeared to increase the venereal appetite, and a sense of heat about the rectum and perineum. Clarus asserts that when given in the inflammatory stage of gonorrhœa it may occasion violent inflammation of the neck of the bladder. It is said to produce mental irritation and anxiety, and even nausea and vomiting. Pal, who experimented on himself, found that doses of a dram only caused some thirst and heat in the throat; two drams caused slight feverishness; three drams nausea, eructation, eructations, heat at the epigastrium, headache, malaise, and an ephemeral fever. An eruption like urticaria is sometimes produced by it. Large doses in dogs produced diarrhœa, vascular injection of the mucous membrane of the stomach and intestines, and kidneys, with albuminuria.

No systematic provings have been made by our school. Allen's pathogenesis is made up mainly of its effects on those who were taking it for gonorrhœa. One of the symptoms (No. 16) confirms the statement that it causes a paralytic condition of some of the muscles of the face.

Besides such symptoms as "inflammation of the urethra," "secretion of mucous from urethra greatly increased," "hæmaturia," etc., which faintly indicates its great irritant action on the urinary organs, it gives a really important symptom, observed by Dr. Callell—namely: *Prostatis;* the gland feels enlarged to finger in rectum; perineum tender; last drops of urine passed with pain; after micturition sensation as if bladder still contained water.

Houat's provings, which Allen has properly put in an "appendix," contains an array of symptoms which Allen characterizes as "astonishing." It cannot be called a proving, for clinical, imaginary and pathogenetic symptoms are all mixed together. I am of the opinion that on the whole it is one of Houat's most respectable provings. The symptoms given are those which might be expected of a drug which possesses more power than homœopathists have given it credit for. Houat was a French physician, and in France Cubebs is probably used more largely than in any other country, and used in excessively large doses. He probably observed many symptoms in the victims of its abuse, which he thought were caused by the drug; some of them, however, are incredible. Some of Houat's head, nose, face, throat, stomach, rectum, and urinary organs, properly belong to the drug effects. The symptoms of the sexual organs may have been trustworthy. The fact is, Cubebs is capable of causing nearly as much irritation and inflammation of the male and female sexual organs as Cantharis; besides it causes acute and chronic blenorrhagias, simulating gonorrhœa, leucorrhœa, gleet, vesical catarrh, etc., which Cantharis does not. Its nearest congener is Copaiba, and it closely resembles Eucalyptus, Piper methisticum, Cannabis and Napthalin.

Pretentious as Houat's pathogenesis is, we would not go amiss in following nearly all its symptoms in prescribing Cubebs, and if ever heroic provings are made, they will closely resemble Houat's.

The *rheumatic* symptoms in all the provings are important, for they indicate that it may be useful in the rheumatic inflammations which so often follow and belong to gonorrhœal diseases.

Houat's symptoms of the respiratory passages have a great similarity to those of Copaiba. Both cause bronchitis with viscid, copious, thick, yellow, and even bloody expectoration. Allopathic writers note that large doses aggravate bronchial catarrhs, or "dry them up too soon." Houat considers Cubebs a remedy for croup, and his symptoms certainly resemble catarrhal and even membranous croup. Several allopathic writers strongly recommend it for croupous laryngitis, and many cases have been reported in their literature of croupous affections successfully treated with it.

Its sphere of action may be said to be primarily confined to the mucous surfaces, in

which it causes vascular turgescence, inflammation, and a true catarrhal discharge; afterwards it seizes upon the deeper tissues, the muscular and nervous, and even the parenchyma of the kidneys.

Therapeutics. Beginning with *nasal, post nasal* and *pharyngeal*, Cubebs is probably the most perfectly indicated remedy we possess for severe catarrhal inflammations of those surfaces, *after the first or serous* stage has passed. The discharge is thick, yellow, green, bloody, and often offensive. It is universally recognized in lay and medical practice as an important remedy. All "catarrh snuffs" contain Cubebs. It is smoked in pipes and cigarettes, and its vapors inhaled in various ways. It is used in douches, and forms one of the ingredients of most "catarrh remedies." Dr. Bosworth (*Disease of the Throat and Nose*) gives Cubebs the pre-eminence above all other remedies. He advises 15 to 20 grs. of the powder, taken dry on the tongue and allowed to slowly dissolve, and slowly swallowed. He thinks the volatile oil permeates the nasal passages, while the powder acts locally on the pharyngeal surfaces. My experience confirms all he has said of it. No other remedy has given me as good results, unless it be Eucalyptol, which seems to have a close similarity of action. Instead of the crude, I prescribe the 1x trituration of the powder, or of the oleo-resin. Injected into the nasal passages, the latter preparation is very popular with my patients. It dissolves sufficiently in water to make a lotion of enough potency, a few drops to the ounce being sufficient.

When the catarrhal disease invades the passages below, this remedy can be used in the form of a spray. An "Aqua Cubebæ" can be prepared by saturation of water and filtering, which will not obstruct the atomizer. It is not, however, always necessary to use the drug topically, for when given by the stomach, it is taken up by the absorbents, and permeates all the secretions. Its odor will soon be perceptible in the breath, the perspiration, and the urine. In the treatment of bronchitis, with muco-purulent expectoration, it equals Eucalyptus, Copaiba, Terebene and Yerba-Santa. Its action in this disease resembles Stannum and Antimony. I have never used it in membranous croup, but it is alleged to be useful in such cases, when the disease does not supervene on diphtheria. I think it does not have any curative action in real membranous laryngitis, but I have had some experience in the catarrhal croups of children with profuse, tenacious secretions, and croupy cough, which leads me to rank it with Hepar and Spongia. In catarrhal diseases of the stomach, Cubebs is much neglected. In large doses it causes indigestion, flatulence, pyrosis, nausea, vomiting of mucus, etc. In small doses its beneficial action in gastric catarrh is undoubted. As stated above, it does not in moderate quantities derange the stomach like Copaiba. Allopaths resort to it when the latter drug can no longer be borne, and they assert that it increases the appetite and digestive power. I have used it successfully for many years for the very symptoms which it causes in large doses, and find that it not only removes the indigestion, flatulence, pyrosis, etc., but also many reflex symptoms arising from indigestion. Cubebs is equally useful when the catarrhal affection extends to the bowels, resulting in discomfort and flatulence, slimy discharges, mixed with fæces, and even piles, with rectal irritation and catarrh.

No remedy has had a better reputation in gonorrhœa, nor has one been more abused than Cubebs. Crawford, who first used it, said that he cured nearly all cases within three weeks. He found it most successful in the "mildest and most recent cases." Jeffreys gave it "in all cases, in all stages, and under all circumstances, and without any bad results." Velpeau was successful in administering it by the rectum. Sir Astley Cooper says, it is most successful when the inflammation is just beginning. The doses have been enormous, as high as *five* to *fifteen* drachms a day, even in acute urethritis. No wonder serious aggravations were observed. Trousseau says those cases which show intense inflammation, and painful swelling of the penis, with abundant and virulent discharge, are oftener cured speedily than those of milder form. Stillé says it is in these intense cases that Cubebs acts best, and it is really indicated by the severity. Knowing that the drug is perfectly homœopathic he foolishly attempts another explanation of its curative action—"As in the case of Copaiva," he says, "it acts by *substitution*, and destroys the morbid inflammation by its therapeutical inflammation or stimulation." "This," he remarks, as if to bolster up his opinion, "is what Crane suggested long ago (1824) when he considered that the efficacy of Cubebs

might arise from a 'counter-irritation incompatible with the inflammatory excitement arising from the disease.'" If this is not according to the law of *similia*, what *can* it be?

It is difficult to differentiate between Cubebs and Copaiba in gonorrhœa. Lilienthal and Raue both give "violet smell of the urine," a ridiculous error, for this odor comes from the presence of the drug in the urine, and is never observed in gonorrhœa. It is not a drug-symptom at all. Raue says "a purulent discharge" for Copaiba; Lilienthal, "a yellow purulent discharge." Raue gives for Cubebs—"a dark, reddish discharge, as if mixed with blood." Lilienthal gives "an increased secretion of mucous from the urethra." Very poor indications!

The fact is, that both cause muco-purulent discharge; they both cause yellow, green, and bloody discharge, with intense urethritis (primarily), and atonic catarrhal discharge (secondarily).

My observations incline me to the opinion that the discharge of Copaiba is more *irritating*, is *yellower*, *greener*, and *creamy*. That of Cubebs may be *semi-transparent*, yellow or green, even blood-streaked, and is *tenacious*. The *pain* is perhaps more severe with Copaiba. In recent cases they should be preceded by Gelsemium and Cantharis.

As regards dose, homœopaths have been too timid. There is no use in going above the 1x, and five to ten drops of the balsam, or oleo-resin, will give better results when indicated.

In acute cystitis, Cubebs will do good service after Aconite and Cantharis have subdued the more inflammatory symptoms. It is indicated when the *vesical tenesmus* is prominent. In chronic cystitis, (catarrh of the bladder) it is of great service, but not so effectual in my practice as Eucalyptus and Chimaphilla. I do not hesitate to inject "Aqua Cubebæ" into the bladder, either alone or combined with Boric acid, Resorcine, or Hydrastia-muriate. I think it acts better in the chronic cystitis of women, than in men.

Trousseau has called attention to the usefulness of Cubebs in irritability of the urethra in women. This annoying ailment, which is sometimes met with in young girls, but more frequently in married women, is attended by an almost constant desire to urinate, severe smarting when the water is evacuated, and afterwards tenesmus of the bladder. At the same time there are pains in the loins, and a sense of weight in the pelvis. A slight discharge of mucus, which is sometimes bloody, may precede or follow micturition. "For this distressing affection Cubebs is the most successful remedy, administered twice a day at meal times, in doses of from 30 to 60 grains, and continued in diminished quantities for several days after the cessation of the symptoms." I have cured similar cases with 5 drops of the tincture, but I should not hesitate to give larger doses if the small ones failed.

Trousseau says Cubebs will cure the strangury caused by Cantharis, also nocturnal incontinence of urine, which is generally perpetuated by irritability of the neck of the bladder.

In the days of my early practice I happened to read some old writer who stated that Cubebs sometimes caused "a pressing-out sensation in the crural region." Not long after a young woman complained to me of a similar sensation, a threatening of crural hernia. A few doses of Cubebs 2x, removed that symptom permanently.

Cubebs undoubtedly affects the nervous system in a decided manner. In both pathogeneses we find paretic, paralytic and neuralgic symptoms. Debout, a French physician, calls attention to Cubebs in certain nervous disorders—"nervous headache, vertigo, apoplexy, paralysis, hysteria." The particular condition which appears to have been beneficially modified by this medicine consists of "occasional vertigo, with nervous debility, and partial loss of muscular power, simulating the commencement of paralysis from central disorder of the brain, such as is frequently occasioned by excess in mental emotion, or, intellectual labor, and is associated with dyspeptic derangements." From 8 to 15 grains a day are advised in this affection, taken at meal times. Probably much smaller doses taken on an empty stomach would have sufficed.

Cubebs is certainly homœopathic to leucorrhœa. Velpeau was very successful with it, and he administered it per rectum. I have cured very bad leucorrhœas by means of vaginal injections of Aqua Cubebæ, or suppositories of powdered Cubebs. For cervical leucorrhœa, tampons saturated with the oleo-resin, diluted with glycerine, is equal to any other application.

ORIFICIAL SURGERY AND ITS RELATIONS TO CHRONIC DISEASES.

By E. H. PRATT, M. D.,
CHICAGO.

LESIONS OF THE SECOND CLASS.

THE lesions of the rectum belonging to the second class — which are the most mischievous of all, because the patient is, almost invariably, unconscious of their existence — include but two varieties, rectal *pockets* and *papillæ*.

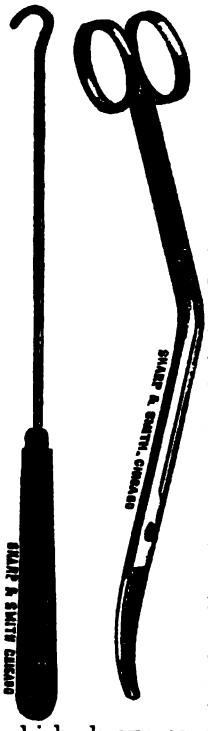
The usual location of the pockets and papillæ is at a point about an inch from the anus, at the upper margin of the internal sphincter, where the large distended pouch of the middle portion of the rectum is abruptly puckered down to the narrow limits of its last inch.

These pockets are curious formations, and have been almost entirely overlooked by writers upon rectal conditions, both anatomical and pathological. The facts which I gave in my first public report on this subject — made nearly two years ago — are as true to-day as they were at that time. I then stated that no mention of them can be found in current medical literature, and in but a few places in that of the past do they receive more than slight notice, and nowhere have they received that attention which their importance demands. As a result of the report which I then made, hundreds of observers have been studying this rectal condition, and the profession is to-day divided in opinion as to whether these pockets belong to the anatomy of the rectum — subject, at times, to degenerative changes — or whether, in their entire history, they belong to the domain of pathology.

Leaving this question to be discussed in the pages of a text-book now in course of preparation, it is sufficient for present purposes to view them in the light of ascertained facts. I have gone far enough in my researches to be able to tell you that they are by no means a constant condition, and that they have no definite and uniform location. When present, they always occasion a spasmodic contraction of the sphincter ani, a condition which is most frequently observed in those cases which are developing some deep-seated constitutional disease. Their removal, in this class of cases, is invariably attended by more or less improvement of the patient's general circulation, while, on the other hand, the operation never appears to result in the slightest harm.

After an extensive experience and observation I am now, as I was two years ago, in favor of removal of these rectal pockets under all circumstances, and in all cases in which they are found.

In form and character these pockets may be long and narrow channels, ulcerated at the bottom; short *cul de sacs*, or broad-mouthed and pointed recesses of mucous membrane. Whatever may be their shape or condition, by their presence they create unnecessary irritation, often productive of mischief, and I advise you to excise them.



The removal of these pockets may be easily accomplished by means of the blunt hook and scissors, operated through the expanded tri-valve speculum. Occasionally, when the pockets are long, and there are many of them, and when, at the same time, the coats of the hemorrhoidal veins are weak, and lacking in tonicity, the removal of the pockets will induce an attack of acute piles in those subjects who do not rest long enough after the operation. But the accident is of rare occurrence, and, although it is annoying, it will not deprive the patient of the benefit to the general system, which usually follows. Hot fomentations, or, if the piles protrude, slitting them open and evacuating their contents — which always consist of a blood-clot — will speedily remedy the trouble.

PAPILLÆ

are conical processes of mucous membrane of variable size, shape and location. They have no relationship with the pockets, for they very frequently exist independently of them.

When the papillæ are small, abundant, and transparent at their apices, they seem to be productive of the greatest amount of trouble. Each one always contains a central artery which bleeds viciously when the papilla is

snipped off. The bleeding is never troublesome, however, and requires no special attention. Thorough stretching of the sphincter must always follow removal of pockets or papillæ, in order to give the wounded surface rest and thus prevent subsequent soreness.

I look upon these conditions as being the most mischievous of rectal disorders because they always occasion a tonic spasm of the internal sphincter, and thus make excessive demands upon the powers of the sympathetic nerve. They are common in all forms of chronic disease.

I know of no reason why these conditions which I have described should have been so long overlooked, and their importance have remained unappreciated, unless it be that their presence is unattended by local symptoms, and hence they have failed to attract the attention of either the patient or the physician. But in view of the fact that they occur in so many chronic conditions, and the additional fact that marked benefit almost invariably follows their removal, I insist upon it that no obstinate case of chronic disease has been properly examined until their presence or absence has been ascertained. The most happy, the most marvelous results which I have ever obtained in the practice of medicine and surgery, have followed the removal of pockets and papillæ, and in thus bringing them to your notice I do so in the confident belief that a proper appreciation of their importance on your part will add very materially to your resources in battling with disease, and in helping those who apply to you for relief.

I have chosen the rectal orifice as the first one for consideration, because work on the sexual system is unsatisfactory and disappointing, when rectal irritations are present. These sources of irritation should, therefore, receive your first attention.

The nervous connection between the rectum and the sexual system is such that violence done to one will produce irritation and spasmodic contraction of the other. The front orifices should therefore always be treated according to the suggestions of the next lecture as soon as the operation on the rectum is completed, double work being safest and most beneficial.

The feeble cry of a new born child, indicates a low vital power, and imminence of death.

OBSERVATIONS ON ARSENICUM ALBUM.

BY O. S. SANDERS, M. D.

BOSTON.

ARSENICUM is one of the most indispensable of the polychrests. Hahnemann in his Materia Medica Pura, Vol. I., English edition, records six hundred and ninety-seven (697) symptoms under Arsenious acid, while more modern authors have reduced the provings to three hundred and eighty-two (382). Hence Arsenic would seldom be used if it could only apply to a totality of its symptoms; for there are few physicians, I trow, capable of carrying them all in memory at once. I will therefore still keep up the work of "reduction descending," and condense those symptoms peculiar to Arsenic into a comprehensive compass.

The poisonous effect of Arsenic on the human system is too well known by the merest tyro in the profession to require space in this article. I will therefore come at once to a study of the characteristic symptoms which indicate it and which will prove curative in disease, for when judiciously prescribed it is a drug of great power and many virtues.

Mind. Apprehension of danger, or bordering upon a state of despair; afraid to be left alone; afraid of the dark; fear of dying; uncontrollable unrest; crying out "where shall I go?" "what shall I do?" especially as night approaches. Mental activity gives place to mental weakness, with inability to gather his thoughts together in any continuity. Dreams of ghosts and hobgoblins—and in his religious mania fears the loss of heaven.

Head. Pains stupefying, bruised in character; beating and throbbing, worse after eating and worse after midnight; application of cold compresses is soothing; calls for cold drafts of air; pain worse in the occiput, seeming to arise at the bridge of the nose, extending upwards to the eye-brows, radiating laterally, producing sensation of electric sparks; eye-balls seem sore and tender to the touch; head seems weak and unsteady; gait staggering, and feels like falling.

Eyes. Burning and dryness; itching; pain deep-seated and aggravated by light; lachrymation and photophobia excessive; eyelids swollen; iritis from a constitutional dyscrasia; hot water relieves the eye, as cold does the head.

Ears. Partial deafness, with constant ringing, sounding from a distance.

Nose. Coryza; discharge acid (shown by applying litmus paper) and irritating; tightness in meatus, especially in a hot room; cold air relieves; smell of *all* food disagreeable.

Face. Guilty looking countenance; sunken, indicating great mental agony; looks more dead than alive; lips swollen, bluish and cracked.

Mouth. Canker spots on mucous coating of the mouth and tongue; lip and center of tongue red, dry and parched; great thirst, takes water by sips (rather than larger draughts, as in case of Aconite); bitter taste, not changed or ameliorated by eating or drinking.

Stomach. Hot drinks more agreeable than cold; burning and sensation of heavy weight in the stomach; nausea with distension and retching; hard to vomit; ejecting first mucous mixed with saliva, then the contents of the stomach; loss of appetite and strength; tumefied feeling from cardiac to pyloric orifices; or scirrhus, indicated by a beef-brine-like ejecta (in which case Phosphorus will ameliorate, but not cure the case); craves acid drinks.

Abdomen. Swollen; tender to the touch; griping pains about the umbilicus; stools watery and copious; frequent and excoriating; dark green or yellowish, with tenesmus, attended by nausea aud vomiting; recurrent colic pains. In tubercular condition of the mesenteric glands Arsenicum is unexcelled by any known remedy.

Liver and Spleen. Swollen and tender; hypochondriasis.

Urinary. Burning in the meatus; involuntary and urgent urination. In albuminuria and in diabetes Arsenicum has a marked sphere of action.

Chest. Palpitation of the heart; short and hurried respiration; expectoration; first frothy, then yellow, green and salty; asthmatic, wheezing, rasping sound; fear of suffocation; acute or chronic coryza (for acute, low potency; chronic, high), and in angina pectoris.

Throat. Hoarseness; dry cough; burning and tickling sensation in trachea, with dryness.

Skin. Yellowish petechial spots on the skin; burning, tickling or itching; no satisfaction in friction; scaly eruption; general anasarca; burning, or smarting bleeding ulcers, involving the epidermis rather than in the bursal structure; worse at night, especially after midnight; shrivelled skin; if a child, looks aged.

Neck. Stiffness in ligamentum nuchæ and the surrounding muscles of the neck.

Arms and Hand. Loss of strength; cramps in hand and fingers.

Lower Limbs. Great weakness; unable to support the body; desire to lie down; still the limbs are restless; for relief, seeking a colder place for the feet.

Sleep. Sleeplessness; yawning; complaining of being "so tired;" sleep unrefreshing and unrestful; awakes suddenly, as though frightened; jerking of the limbs; feeling of hot water coursing through the circulation.

Fever. Chill, after drinking cold water; inward burning heat, with cold clammy sweat; very thirsty; cold drinks rejected by stomach.

Remarks. The pains are excessive all over the body, attended by apparent prostration; great anxiety for present condition, and trembling for the future. Rapid emaciation; marasmus; shuddering, with a sense of coldness, while the clinical thermometer indicates high temperature; surface of the body of a bluish tint, general or in spots; cadaverous and anxious look, as in cholera morbus. *Aggravation*—by eating, lying down, or in conversation; desires to be let alone. *Ameliorated* by being in a cold draft, walking or riding. Hot compresses aggravate.

Therapeutics. Arsenious acid when burned on charcoal emits the odor of garlic. Arsenic is a valuable remedy in an irritated and inflamed stomach; in albuminuria; in eczema; general anasarca; in pyæmia; in asthma; in cholera collapse, of the febrile type; in fatty degeneration; in asthma of miller; chronic catarrh; in facial neuralgia, especially of the left side; in paralysis of the motor or sensory nerves.

Correlated to Baptisia, Muriatic Acid, Lachesis, Carbo Vegetabilis, and Veratrum Album.

New born children, and infants at the breast, are in a condition certainly favorable to the development of certain diseases, especially ophthalmia, croup, eclampsia, diarrhœa, eruptive, fevers, etc.

A muffled, hoarse cry, is indicative of the last stage of croup.

GENTLE REMINDERS.

BY EDWIN A. GATCHELL, M. D.

ASHEVILLE, N. C.

DO NOT FORGET that a milk diet is the best for fever patients.

Do not forget that the easiest way to break off bits of ice is by means of a shawl-pin.

Do not forget that a patient with typhoid fever should be sponged off several times a day with tepid water.

Do not forget that hot fomentations are often better than cold compresses to allay inflammation.

Do not forget that Phytolacca, used internally and externally, will prevent caked-breast when threatened.

Do not forget that you should send your consumptive patients to a better climate in the earlier stages of their disease.

Do not forget that patients with contagious or infectious diseases should be carefully isolated.

Do not forget that antiseptics should be freely used in rooms containing patients with contagious or infectious diseases.

Do not forget that a patient who has fainted should be placed in the recumbent posture, with the feet higher than the head.

Do not forget that an infant that suffers from cyanosis from non-closure of the fossa ovale should lie on its right side on a pillow — never on its left side.

Do not forget to appear cheerful and happy when in a sick-room.

Do not forget to send out your bills for services on the first of every month. The physician is worthy of his hire; and his patients will value his services all the more if he collects promptly.

Do not forget that the worthy poor are entitled to your services. Medical advice should be free to those who are unable — through no fault of their own — to pay for it.

Do not forget that physicians have often made life-long drunkards of men and women by prescribing alcoholic drinks. Think in every case if there be nothing which will take the place of whisky.

Do not forget that tobacco is often of great value if moistened and placed on an inflamed and swollen part, but that it only produces harm when chewed in the mouth, or smoked in a pipe cigar.

DO NOT FAIL

To remove all clots after labor or miscarriage.

To insist upon thorough ventilation of sick-rooms.

To impress upon your patients the importance of cleanliness.

To see that your patients are properly nourished.

To order the phthisical to take out-of-door exercise; they will die if kept in the house, and they cannot do worse if they go out daily.

To remember that regular exercise in the saddle is of great importance to the consumptive.

To show each patient that you take an interest in his case.

To report your interesting cases to your journal.

To think of Iris in sick-headaches.

To give Oxalate of cerium in obstinate coughs.

To remember that medicine will not do everything, and that there is such a thing as *vis medicatrix naturæ*.

To remember what Homœopathy has done for the world and

To be proud of your school.

To be liberal, and use any legitimate means of relieving and curing your patient.

To add to your library the best new books.

To prove all things and hold fast to that which is good.

To remember that virtue is its *own*, but not its *only*, reward.

NOVEL TREATMENT OF WARTS.—"Thuya occidentalis" (arbor vitæ) is credited with the remarkable property of causing the disappearance, in a very short time, of all kinds of vegetations and warty growths, by its internal administration. Many successful cases are reported by French physicians; in fact, it is said seldom or never to fail. It is given in the form of tincture, from a half drachm to one drachm, two or three times a day.—*Exchange.*

[The allopaths always out-Herod Herod in the matter of dose. If their honesty equalled their appetite for "novel treatment," they would soon become pretty good homœopaths. —ED.]

ABSTRACT OF LECTURES ON PSYCHIATRY.

Delivered by Professor Dr. Jolly, at Strassburg, during the Winter Semester of 1886-'87.

REPORTED BY ALBERT B. HALE, M. D.

LECTURE I.

IT is generally accepted now-a-days that the brain is the supreme organ of intelligence, and its very complicated structure is well suited to be the seat of our very complicated mental acts. The anatomical characteristics; that it is divided into two hemispheres, each of which, by the decussation of fibres in the medulla, largely controls the opposite side of the body; that these hemispheres are further connected by direct fibres through the corpus callosum; that the interposition of the pons and cerebellum add still more to the complexity of its study, are early recognized; but, in addition to this, it is noticeable that the brain develops in proportion to the position of the animal in the scale of intelligence. There can be no accurate law, although man undoubtedly occupies the highest point in this scale, for several modifying factors detract from direct application of such a principle. For example, it is a fact that the brain bears a relation to the body proportionate to the activity of the animal, as birds have relatively larger brains than man; and that the weight of the brain is proportionate to the intelligence. As man's brain is on the average 1-46th of his body—while woman's is 1-45th — the above principle would seem at the outset disproved, but when we consider the greater (muscular) activity of woman, the greater supply of nervous energy in this difference is easily understood. Studying the subject thus, we must conclude that the brain is all-important, and that it is the seat of the intellect of the mind.

Lecture II.—Diagrammatically, we may look at thebrain in three ways: First and simplest, as an organ with nerve fibres running directly from certain central parts to the periphery; or, second, as an indiscriminately connected structure, with fibres running from all parts to all other parts; or third, and certainly the most plausible, and one most apt to agree with physiological conclusions, as a structure connected by fibres running through an interposed ganglion, from a center to the periphery.

Monk has gone too far in his theories. Hitzig and Ferrier certainly discovered some indistinct centres, but the accuracy of their deductions has been denied by Galtz; nevertheless, from pathological changes, from epilepsy, and from vivisection, we learn that there *are* certain localized centres; around the sulcus of Rolando, for example, the centres for movement of the arm, leg; in the superior temporal gyrus, a center for speech (aphasia can often be localized). In short, everything of this nature goes to show that the brain is the organ of intellectual activity, and that its functions are in the direction pointed out, both of mind and of motion.

(To be Continued.)

CHRONIC GALACTIA.

By M. J. BLIEM, M. D.,
CHICAGO.

RECENTLY I was called to see a lady who was married late in life. She is now fifty years old, and four years ago her first and only child was born. She was able to nurse the boy only a week and a half, when her milk proved too scanty for his sufficient nourishment. Instead of totally abandoning the effort, however, the breasts continued to secrete their product at the same slow rate. The child was never put to the breasts and still they remained active. One year since she reached the menopause, but to-day those breasts are just as unconscious that the necessity for their activity has ceased as they were four years ago. The right breast does not secrete much now, but the left is quite active, becoming so full and causing such sharp pains that she is compelled to express some of its contents. Knowing the tendency of interference to keep up the trouble, she has let it go for two weeks, but the pain and discomfort would finally compel her to empty it.

The milk is somewhat thin, but otherwise looks normal. Formerly she was well nourished, but she has wasted much lately. She feels weak and is easily tired. The only other prominent symptom is an incontinence of urine, occuring only while on her feet. She has been under the care of several physicians who seemed unable to help her, and informed her that she could not be cured.

I have ventured to present this case, because it is to me unusual and peculiar, and I should be pleased to hear of other similar cases. I shall present the methods of treatment, and the results later.

CASES ILLUSTRATING THE APPLICATION OF ORIFICIAL SURGERY.

REPORTED BY J. W. STREETER, M.D., CHICAGO.

Spasmodic Asthma.

Removal of papillæ and stretching of the sphincter ani.

Mr. R., aged 38. This man had been a sufferer from asthma for many years; otherwise healthy. A residence in Colorado relieved him for the time-being. I was called early in June, 1886. I found him suffering greatly, so much so that he could neither sleep, eat nor lie down. I treated him for ten days without material benefit. On examination of the rectum I found a tight sphincter and sensitive papillæ. The papillæ were removed and the shincter stretched.

The *moment* this was done he said: "That is all right, I can breathe now." He had a *slight* return three months later, which was at once relieved by stretching the sphincter. He has been free from asthma ever since.

Gastralgia.

Removal of piles and stretching of the sphincter ani.

Mr. H., aged 35; State official from Iowa. This patient came to my office looking very ill; said he had come to see how much longer he could live. His trouble had been called *cancer of the stomach.* He was thin, cadaveric, and undoubtedly suffered severely. I examined him carefully and pronounced the case one of gastralgia of reflex origin. I stretched the anus, removed some internal piles, and sent him home the same evening with instructions to write me in six weeks. The letter came in due time, to this effect: "Have not had a pain since I left your office. Have gained twenty pounds of flesh, and feel like a new man. None of my clothes fit me."

REPORTED BY WILLIS DANFORTH, M. D., MILWAUKEE.

Rectal tenesmus and chronic diarrhœa.

Removal of rectal pockets.

The first case treated was one of rectal tenesmus of eight years' duration. It was the worst and most persistent case of the kind that I ever saw. The patient was a young woman of about 24 years of age. She had a diarrhœa every morning between two and four o'clock, which came with the regularity of the clock, calling her up two or three times every morning. The stools were diarrhœic in character, and attended by pronounced tenesmus.

I was determined to stop this disturbance, and resorted to a great many expedients to do so. I prescribed enemas of every kind, including Morphine, Opium, Chloral, Stramonium, etc. I also used suppositories of the same and of other remedies, all to no purpose. I made a careful rectal examination, and found no piles, but, instead, a contracted sphincter which I dilated *forcibly;* not succeeding in this I cut the coccygeal attachments by subcutaneous section, when for one day *only* the tenesmus ceased.

I gave the best remedies (high and low) I could find; and still my patient continued to suffer the constant tenesmus for five years (saving the one day) without relief.

Finally I heard Dr. Pratt's report to the State Society at Peoria in May, 1885, and immediately on my return home I examined my patient again and found pockets in the rectum which I at once removed, when all tenesmus and diarrhœic disturbance ceased, and has not returned.

REPORTED BY W. F. KNOLL, M. D., CHICAGO.

Insomnia, Headache and Nervousness.

Stretching of sphincter ani, and removal of pouches and fringes.

Miss B. C., aged 18; for ten years has been severely constipated, and for five years has suffered severe pain with each defecation, some of the time fainting in the act. For more than a year she had not been allowed to go to stool without a nurse or her mother by her side for fear of a fainting fit. She had been exceedingly nervous, sleepless, and suffered with a "constant pain in the top of the head." On examination of her rectum, I found a large irritable ulcer between the sphincters, which had burrowed under the mucous membrane to the muco-cutaneous junction, making a pouch, and on either side were several tags or fringes which, when touched, caused a spasm of the sphincters. The patient was completely anæsthetized, the sphincters paralyzed with the thumbs, the pouches and fringes cut off, and the ulcer cauterized with solid nitrate of silver. In a few weeks the patient was well and had a movement of the bowels each morning. The operation was made more than a year ago, and there has been no return of the trouble.

SELECTIONS.

Enuresis.

In a recent number of *The Chironian* Prof. Deschere gives the indications for the following remedies in enuresis:

A remedy which has given me excellent service is *Benzoic acid*, and I remember a case of a lad of fifteen years of age for whom I prescribed last summer. He is the son of wealthy parents, and having been constantly wetting the bed since his fifth year of age, when it remained after a severe cold, you may imagine that he has had all possible treatment, and the best of it. I was told that also a homœopathic physician had prescribed for him unsuccessfully. His symptoms were few, but one prominent feature was the *excessively strong odor of the urine*, so much so, that it was unbearable on lifting his bed clothes. This very symptom led me to prescribe Benzoic acid, 30, a powder every night for a week, and to report after that. I never received a report, but when meeting the mother five months afterwards, she told me that there had been no need of a report, as the boy never wet the bed after having taken the third powder, nor did his urine smell in the least. This repulsive odor of the urine is my keynote for the selection of the drug.

Kreosote I have used in children according to Guernsey's indication, when they are difficult to awaken, and also when the patient dreams he is urinating in a decent manner while actually doing it in bed.

Belladonna I find rarely indicated; it is rather useful when there is a constant dribbling of urine from over-distension of the bladder and *enuresis* attended with *profuse perspiration*. This symptom was disputed during the discussion following the reading of the paper, as a dry skin was considered characteristic of the drug. I may be allowed to say that perspiration is not excluded in Belladonna provings, and in connection with enuresis it is marked, and has been verified. The child always sleeps restless, and the urine, when heated, almost invariably deposits a cloud of phosphates.

Of much more frequent use I consider *Cina*, and by no means in cases where the children are suffering with worms, but where they may present that nervous, irritable character, with picking the nose and blue rings under the eyes, with capricious appetites and profuse urination day and night of a very yellow urine.

The Management of Placenta Prævia.

Malcolm McLean, in a recent article on the management of placenta prævia, thus concludes:

"1. In any case, avoid the application of all chemical styptics, which only clog the vagina with inert coagula, and do not prevent hemorrhage. At the very first, the patient should be put in a state of absolute rest, body and mind, and a mild opiate is often desirable at this stage, to quiet irritation.

"2. Inasmuch as the dangers from hemorrhage are greater than all else, to both mother and child, at the earliest moment preparations should be made to induce premature labor, and labor being once started, the case should be closely watched to its termination by the accoucheur.

"3. In primaparæ and mothers with rigid tissues, the vagina should be well distended, by either the colpeurynter or tampon, as an adjuvant to the cervical dilatation.

"4. In the majority of cases, and in all cases, especially where there is reason to believe that rapid delivery may be required, it is more safe to rely on the thorough, continuous, hydraulic pressure of a Barnes's dilator than on pressure on the fœtal parts.

"5. Where the implantation is only lateral or partial, and where there is no object in hurrying the labor, bipolar version, drawing down a foot and leaving one thigh to occlude and dilate the os, may be practiced, according to the method of Braxton Hicks, except in cases where the head presents well at the os, when,

"6. The membranes should be ruptured, the waters evacuated, and the head encouraged to engage in the cervico-vaginal canal.

"7. In the majority of cases, podalic version is to be preferred to the application of the forceps within the os.

"8. In some cases, in the absence of assistance or the necessary instruments, the complete vaginal tampon, in part or wholly of cotton, may be applied and left *in situ* until (within a reasonable time) it is dislodged by the uterine contractions and the voluntary effort of the mother. In case of favorable presentation—occiput or breech—the tampon will not materially obstruct the descent of the child, and in some cases the tampon, placenta and child will be expelled rapidly and safely without artificial assistance.

"9. The dangers of septic infection by means of the tampon or india-rubber dilators are so slight, if properly used, as not to be considered as seriously impairing their great value.

"10. When it is possible, dilatation and delivery ought to be deliberately accomplished, in order to avoid maternal lacerations.

"Finally. As cases of placenta prævia offer special dangers from post-partum hemorrhages, septicæmia, etc., the greatest care must be exercised in every detail of operation and nursing, to avoid conveying septic material to the system of the mother."—*Am. Journal of Obstetrics.*

The Care of the Perineum During Labor.

He who preserves from rupture a perineum which is in peril, shows more skill that he who successfully repairs a perineum which has been ruptured. The methods which have been recommended for preventing rupture of the perineum are the following:

First.—Those which aimed chiefly to retard the head and prevent its too rapid advance in order to gain time for adequate perineal relaxation. (Goodell, Sawyer, and others.)

Second.—Methods which aimed at protection chiefly by applying direct to the perineum some artificial support. (Barnes, Playfair, Ramsbotham, Gairdner, Garrigues, and others.)

Third.—Methods of support which combine the two classes above named, in that they endeavor to retard the head, and at the same time afford direct support to the perineum. (Parvin, Chailly, Schroeder, McGaughey, Lusk, Hodge, and others.)

Fourth.—Again, there are those who, following neither of the above methods of perineal protection, yet try to accomplish the same result by means of forcible dilatation of the vulvar and vaginal outlets with the finger, at the same time practising a process of enucleation. (Ritgen, Ahlfed, Olshausen, Smellie.)

Fifth.—Episiotomy, probably not advocated by any one to the entire exclusion of all other methods of prevention, and is chiefly retained as a *dernier ressort* in cases of extreme peril. This practice has found able advocates in Barker, Tyler Smith, Cazeaux, Schroeder, Simpson, and others.

Sixth.—The last, and numerically least, includes those total perineum abstainers who let this structure religiously alone. This practice finds high authority in Leishman and Hewitt.

It will thus be seen that by far the greater number of authorities believe in some method of preservation, and that the method which combines judicious perineal support with simultaneous retardation of the head seems to meet with most favor. The method to be described properly comes under the class combined perineal support and control of the head. It is not recommended in all cases, but only in primiparæ or in other subjects where the structures were likely to be greatly imperiled.

When the head begins to bulge the perineum and its distention is such as to indicate peril to its attenuated structures, place the patient with her back across the bed, with her nates brought to its verge, and take one's seat within easy distance for the necessary manipulations incumbent upon the accoucheur. Then the thighs are flexed upon the abdomen and the legs upon the thighs, with the knees brought close together, and the limbs are held in this position by two assistants, who may be seated on the edge of the bed with their backs toward the patient's head; or, if a narrow bed can be obtained, they may take positions on the opposite side of the bed from the accoucheur, which is preferable. These assistants are then given opposite ends of a towel or bandage of linen, about ten inches wide, forty to fifty inches long, which is carried around the buttocks of the patient and spread out smoothly, with its anterior or upper edge on the level of the fourchette. They are then instructed to make traction, during the pains, in such amount and in such direction and with such part of the bandage as the accoucheur may direct. The direction of that traction may be varied at will from downward and backward to an upward and forward movement.

In this method of support, the towel properly applied, and the traction successfully directed, plays the part of a supplemental perineum. The flexion of the limbs lessens the violence of the expulsion by relaxing the abdominal muscles. The position assumed puts the femoral extensors on the stretch, and thus lends assistance by dragging on the perineum, and thus aids that natural process which pushes the fourchette downward and

forward in the course of its attenuation. By keeping the limbs close together in this position, nature is allowed to supply tissue from the neighboring soft parts, as recommended by Siebold and advocated by Landis. The towel or bandage is in contact with every part, and affords nearly elastic and resilient support throughout. It retards the head at the will of the accoucheur by varying the amount of traction and the direction of the towel.

This method exerts complete control over the direction of the head and does not interfere with the use of the forceps or the employment of episiotomy.

It substantially secures the same end that is reached by hooking the perineum downward and forward, while the danger of injury to the rectum occasioned by the presence of the fingers is avoided.

The patient need not be exposed more than in any other method. The support should be continued until the shoulder has escaped the vulvar opening. The method can be employed with the greatest facility in cases where it may be proper to aid delivery with the forceps. To succeed with it, however, requires full appreciation of the principles upon which it acts and most faithful painstaking in every detail of its execution. —*Dr. Reamy, in Am. Jour. Obst.*

The Question of Cold as a Cause of Disease.

While prosecuting some investigations, in the years 1871–'72, upon the temperature of the skin, I made an effort to study the influence which would be exerted upon the temperature of the skin by marked cooling off on one foot, and this with the view of clearing up the question of taking cold. For the purpose named, I put one foot in a basin of cold water. Immediately thereupon the temperature of the skin of the breast sank to a marked degree, so much so, indeed, that the needle of the thermo-electric pile I was using at the time ceased to record it. I was therefore not in position to determine the temperature of the skin of the breast even approximately.

By evening I began to sneeze, and got so severe a cold that I was not willing to repeat the experiment a second time, and so did not mention it in my previous report.

It appears to me, as a result of this experience, that, by rapidly lowering the temperature of one foot, the temperature of the entire skin immediately sinks; and, as this can occur only as the blood is driven out of the vessels of the skin, it must follow that the blood is forced into the internal organs generally, or what is more unfavorable still, into some particular ones, leading to an inflammation, or, as in my case, to a severe cold.

Whether this lowering of the temperature of the entire skin, by the cooling off of one foot, invariably results, or occurs when a cold is coming on, not having repeated the experiment, I cannot decide. — *Deutsche Med. Zeit.* — *Med. Digest.*

The Source of Modern Therapeutics.

In *The British Medical Journal* (July 31, 1886) Dr. Millard, of Edinburgh, writes with full confidence of the value of *liquor hydrargyri perchlor.* in a diarrhœa of children characterized by frequent, watery, offensive stools. In the same periodical of the 21st of August, Dr. Macdonald, of Liverpool, writes, that he gives in profuse watery diarrhœa one-sixth of a grain of grey powder every hour, and that his "ideas have been inspired by the valuable observations to be found in Dr. Ringer's book." "When the stools are slimy, with, it may be, blood streaks, I give," he says, "*liquor hydrargyri perchloridi.* 2½ drachms in two ounces of water, of which a teaspoonful every hour meets the case." In *The Journal* for the 9th ult., Dr. Millard writes, "I did not obtain my information of the use of *hydrarg. perchlor.* from Dr. Ringer's excellent work, as Dr. Macdonald perhaps supposes, but from probably the same source that Dr. Ringer obtained his, of which to any one that knows, the book contains many traces, viz., from *homœopathic treatises.*" (The italics are ours.)

This is interesting, as it is, we believe, the first occasion on which the real source of Dr. Ringer's teaching of clinical therapeutics has been distinctly asserted in a journal which habitually denounces homœopathy as being "all humbug!" The medicinal strength of the *liquor hydrargyri perchlor.* is nearly the same as the 3rd decimal of the *hydrargyri corrosivus* of the British Homœopathic Pharmacopœia.

We are moving on!—*Monthly Hom. Review.*

WHAT IS MALARIA?

(Contributed.)

For the benefit of those readers of the ERA, if there be any, who are at a loss sometimes to answer the above question, I append the following, from Drake's *Travelers' Magazine:*

"Malaria, my dear madam," explained the physician, "is an—an affection peculiar to the—the human race, although animals are frequently afflicted with it as well. It is a disease that—that is pretty generally understood in the profession to—to be curable, if taken in time, but if treatment is delayed it occasionally proves serious, if not fatal. Like most diseases to which the human frame is heir, the longer it is neglected, the more dangerous it becomes, particularly in its advanced stage. The origin of malaria," went on the learned doctor, declining a seat, "can be traced to the climate, or—or to excessive dieting, or excessive eating, as the case may be, or to defective water pipes. It is generally found in marshy districts, where the atmosphere is moist, and in high localities, where the atmosphere is dry. Some people suffer more from it than others, while some people suffer less than others. Its nature is a peculiar one. What may be malaria is often something else, and what is evidently something else may often be malaria, but in any case no time should be lost in consulting a physician. This, my dear madam, is the clearest definition of malaria that I can give without making use of technical terms which you, of course, would not comprehend. It is only within the past few years that medical science has been able to cope with it intelligently. If your daughter should express a desire for water let her have all she wants; if she doesn't care for water do not under any circumstances give it to her. Good morning."

The mother then went up-stairs and had a nervous fit.

Le Mars, Iowa, A. P. Bowman, M. D.

EMINENCE, KY., MAR. 1ST., 1887

THE Kentucky State Homœopathic Medical Society will hold its second annual meeting, at Lexington, Ky., on Thursday, May 4th, 1887. We expect a large attendance, not only of members, but visitors from adjoining States. All Homœopaths are invited.

C. P. MEREDITH,
Cor. Sec'y.

CORRESPONDENCE.

OUR PARIS LETTER.

PARIS, Feb. 17, 1887.

Editors Era:—In your journal of January I notice Dr. Hayward's opinion on the surgery of the future in cases of penetrating wounds of the abdomen. This recalls an interesting discussion which recently occupied two sittings of the Paris Society of Surgery. The discussion was started by a clinical lecture of Prof. Trelat (*Charitè*).

Prof. Trelat's position was this: Given a wound of the abdomen, is the intestine wounded? If there is vomiting of blood, the stomach has been wounded; if there is an escape of fecal matter, or intestinal gases, the intestine has been wounded. In either case laparotomy must be performed at once. If none of these symptoms are present, then the first hint of peritonitis must decide.

The time of performing laparotomy was the mooted point. Tillaux (*Hotel Dieu*) maintains that small wounds of the small intestine may, and do recover, with only sufficient localized peritonitis to produce occlusion of the wound. It was also claimed that in small wounds a fold of mucous membrane might protrude through the peritoneal covering of the intestine, thereby obtaining occlusion. The following is the line of treatment advocated, with but one or two exceptions:—

If the diagnosis of perforation is clear, immediate laparotomy, and closing of intestinal wound. If diagnosis of perforation be doubtful, immediate occlusion of cutaneous wound rendered antiseptic, immobilization of the body by confinement in bed, immobilization of intestines by an immediate hypodermic injection of morphine, and the continued use of opium; ice over the abdomen, suspended from above, so as not to produce irritating pressure; a diet restricted absolutely to a teaspoonful of iced milk every fifteen minutes.

I have had the pleasure of watching one of the cases reported to the Surgical Society. A young man, aged twenty-six, on leaving a ball the morning of December 19, 1886, received a knife-wound at the point usually chosen for gastrotomy. The patient was brought to the *Hotel Dieu*, and on recovering consciousness, vomited a considerable quantity of blood. The described treatment was instituted, notwithstanding the diagnosis was clear, Prof.

Reclus, of the *Hotel Dieu*, being one of those who believe in waiting for symptoms more threatening. At 1 P. M. the patient vomited blood again. On the fourth day there were some opium symptoms. The twelfth day some colic was complained of, and injections given very carefully to evacuate the bowels. Three bed-pans were filled with feces. In the first two discharges, microscopical investigations discovered blood. The ninth of January the patient was walking about the ward.

Prof. Reclus' instructions were, after commencing treatment—"Should there be slight meteorism, even if localized, increasing circumscribed pain, the peculiar expression of countenance, even if no acceleration of pulse or elevation of temperature—if any of these symptoms appear, notify me at once, for laparotomy must be performed.

There has been for several weeks a very animated discussion, during the sittings of the Academy of Medicine, in regard to Pasteur's latest, or "Intensive" preventive treatment. Dr. Peter has felt in duty bound to insist on the dangers of what he calls rabies "*canino-experimentale*," and which, according to his views, is no other than a hybrid of poisons of rabid dog, and rabid rabbit, working on man. Dr. Peter has been obliged to fight his battle unaided, against Dr. Graucher, Dr. Vulpian, Dr. Bruardel, and others.

The confidence of the Academy in Pasteur and his treatment has in no wise been shaken.

All have regretted that Pasteur's health has obliged him to be away from Paris for some weeks past, and that he could, in no way, take part in the defense of his discoveries.

The academy has ordered to be published in phamplet form Pasteur's latest statistics, and Dr. Vulpian's last speech. The following is a résumé of those statistics:

General statistics of all persons treated at Pasteur's laboratory to December 31, 1886. Persons bitten and treated, 2,682. Died, 31. Mortality, 1.15 per cent. *First.*—Persons bitten by animals known to be rabid, by experimental or veterinary proof, 2,164. Deaths, 29. Mortality, 1.34 per cent. *Second.*—Persons bitten by animals suspected of being rabid, 518. Deaths, 2. Mortality, 0.38 per cent. Statistics of French and Algerians treated at Pasteur's laboratory to December 31, 1886:

Persons bitten and treated, 1,929. Died, 18. Mortality, 0.93 per cent. *First.*—Persons bitten by animals proven rabid by experiments, or by veterinarians, 1,538; died, 16. Mortality, 1.04 per cent. *Second.*—Persons bitten by animals supposed to be rabid, 391. Died, 2. Mortality, 0.51 per cent. Statistics of persons bitten about head or face: All nationalities, bitten and treated, 214. Died, 10. Mortality, 4.66 per cent. *First.*—Persons bitten by animals known to be rabid, by experimental or veterinary proof, 186. Died, 9. Mortality, 4.83 per cent. *Second.*—Persons bitten by animals suspected, 28. Died, 1. Mortality, 3.57 per cent.

Comparison of "simple" and "intensive" methods:

Persons bitten about the head and face by animals proven rabid, as above, 186. "Simple" method, 136. Died, 10. Mortality, 6.66 per cent. Intensive method, 50. Died, 0. Mortality, 0.

Statistics of persons bitten by rabid wolves. Bitten, 46. Died, 7. Mortality, 14 per cent.

Three persons became rabid during treatment, and are notwithstanding, included in percentage. Of nineteen Russians received who had been bitten by rabid wolves, three died who had received the "simple" treatment. The remaining sixteen received the "intensive method," and were cured.

Oscar Leseure.

Ottowa, Ill., February 22, 1887.

Editors of Era: —

"Genuine, gentle cures are accomplished, as we have seen, only by the principle of homœopathy." — *Organon*, 5th ed. p. 91.

The words of Hahnemann resound with peculiar fitness at this time, when the profession is in a state of unrest, a time when the people are calling for new and advanced theories, as well as treatment. Is it not time for the profession to call a halt, and think over the matter, whether Hahnemann's words are not as true to-day as when written? In the days of Hahnemann, metaphysicians were unheard of, and Christian science was not popular. He even makes an apology in the preface to the fifth edition of the Organon for having advised the use of electricity in a given case of paralysis. Shall we say, he is behind the times? Shall we dare to say, the principles he taught were untrue? No! A thousand times, no! Let us, his followers, determine wherein the fault lies; not in the principles taught us, not in the theories left us, or they would have been for-

gotten long ago. The fault is with us, as physicians, in not following the laws of homœopathy closely enough, in not prescribing for the totality of the symptoms, rather using palliative, than curative or homœopathic treatment.

Had the homœopathic physicians of to-day a closer acquaintance with the materia medica, a better knowledge of the law of cure, a more careful manner of selecting the proper remedy (not remedies) from the totality of the symptoms, there would be no need of introducing new methods of treatment. There would be no marvelous faith-cures. The adjuvants, external and internal, the theories, new, popular and fashionable, would be unheard of.

However unwelcome the thought, let us acknowledge that the fault is with us as physicians, not with the principles we practice. Let us draw closer to our materia medica, and renew its acquaintance. Then it will not be long before there will be another fashionable furore, a popular craze, and all the people will remark that "genuine cures are accomplished only by the principle of homœopathy."

H. M. BASCOM.

The Coating of the Tongue in Disease.

The coating in disease is due to the death of the epithelial cells lining the mucous membrane and the papillæ of the tongue. In the presence of disease in the acid or congestive state, the venous congestion of the tongue, with other organs, due to the poisonous acid elements in the blood, prevents the nutrition of these cells, and they die, become enlarged by absorbing fluid, and fall off from the mucous membrane, and mix with the secretions of the mouth, and there form a *thick white paste* which lying on the tongue, by contrast of color, appears very white.

In the inflammatory stage of disease, which must be preceded by a congestive stage, the tongue becomes engorged by arterial blood, and as the epithelial cells have been removed in the previous stage, the color of the blood is seen clearly, and thus gives the red or bright red shade, according to the degree of injury done to the epithelial cells in the preceding congestive stage. The other tints or shades are due to the quantity of food supplied to the tongue, and also to the action of the oxygen, hydrogen and nitrogen contained in the air, and its moisture, and upon the excretion of the three salivary glands which contain sulphocyanide of potassium with other salts. —*Med. World.*

NEWS FROM THE COLLEGES.

WHAT THE PROFESSORS ARE SAYING.

St. Louis.

HOMŒOPATHIC COLLEGE.

Prof. Kent says, "In every case of disease you should carefully notice the *direction* of symptoms. In acute diseases which run their course without treatment, the same succession of symptoms may always be observed, viz., the symptoms which first appear are the last to disappear. If the symptoms be carefully watched throughout the course of the disease, they will be seen to disappear in the reverse order of their coming. But if the disease is interfered with by treatment, the natural course of the disease will not be followed. But if the proper remedy is administered, and in the proper manner, it will check the progress of the disease in any stage, causing a disappearance of all the symptoms. In chronic diseases especially is this knowledge of the direction of symptoms most valuable. In all diseases — more easily observed in the chronic — when being cured homœopathically, symptoms disappear from within outward, from above downward, and in the reverse order of their coming. Thus, in rheumatism of the shoulders, after administering the appropriate remedy, the disease may go to the hips, afterwards to the knees. Then you may be sure, although your patient suffers more pain than before, that he is getting well. On the other hand, if the disease is incurable or is getting worse, the direction of the symptoms will be reversed. They will travel from below upward and from without inward. For instance, if a patient has rheumatism of the shoulders, as in the previous case, and you adminster the indicated remedy, if the disease is incurable it will be very likely to attack the heart or go to some other vital part."

Prof. Morgan has been lecturing on physiology since the holidays. He thinks the principal function of the antrum of Highmore, the frontal sinuses and ethmoidal cells is to act as a sounding-box, giving resonance and quality to the voice. He says that enlargement of the lymphatic glands at the bifurcation of the trachea is a common cause of chronic cough.

An extraordinary case of specific keratitis has recently been cured in Prof. Campbell's clinic. The eyes were so severely inflamed

that the students thought the patient would certainly lose them. The treatment consisted of Atropine locally, to keep the iris quiet, and Mercurius biniodide internally.

Prof. Kershaw, in a recent lecture on cirrhosis of the liver, related a very interesting case. He was called last summer to see a lady who had been treated by several allopaths who had diagnosed her case as one of cirrhosis of the liver and said she must die. Knowing that she had taken a large quantity of drugs, Prof. Kershaw began the treatment with Nux. vom. It acted so well that he did not use any other medicine. The lady completely recovered.

Prof. Edmonds has finished a very interesting and instructive course of lectures on obstetrics, and is now lecturing on gynæcology. He simplifies the study of labor by dividing it into only two stages, the first being the process of dilatation of the os uteri, the second comprising all the remainder of the process.

In relation to antiseptics and the germ theory of disease, Prof. Parsons says: "There is a certain amount of truth in the germ theory as now taught; but of what practical importance it is to surgery is still a question. In order to make use of any possible advantage in antiseptic treatment it is necessary to be thoroughly familiar with the various forms of bacteria and bacilli, and know under what conditions they are propagated and nourished and just what is necessary to destroy each. Indiscriminate use of the various germicides very often proves injurious, the antiseptic producing or promoting the very condition it is intended to prevent. From the fact that many prominent surgeons have discontinued the use of antiseptics, having as good or better results without them, and that often with the strictest antiseptic precautions, under circumstances seemingly most favorable, many die from slight injuries and minor operations, we must infer that something besides microanimalculæ exists to cause the trouble. It must be something in the constituton of the patient which requires specific treatment. How to ascertain what this is, and what course to pursue in each case are yet to be discovered. The best antiseptics or germicides now in use are Bichloride of mercury and the preparations of Iodine, as Iodoform; but I would rather rely on Calendula and cleanliness than either.

"In septicæmia there is nothing so successful or satisfactory as the indicated homœopathic remedy. After operations I usually give Aconite and Arnica at first, and other remedies later, as the symptoms of the case demand. I find the higher potencies act best in this class of cases, and the closer we follow the law of *similia* in surgery, as well as all diseases, the more certain is our success."

Boston.

UNIVERSITY SCHOOL OF MEDICINE.

The students are urged by Prof. Clapp to use the Paul stethoscope in preference to others for the following reasons: The double bell having a vacuum between, does not favor the transmission of adventitious sounds; being held to the chest wall by atmospheric pressure, both hands may be employed in holding aside the garments or for other manipulations; friction sounds produced by holding the bell with the fingers are avoided; but the greatest advantages are the ease with which one can examine any number of patients, no spring being used to hold the tubes in the ears, and in pneumonia, owing to the flexible tubes, the physician is able to "shoot around the corner" greatly to the benefit of the patient. This stethoscope is used in the professor's clinic.

In heart troubles when there is general dropsy not relieved by remedies, a cream of tartar lemonade acting as a diuretic, may produce the desired result, or an effusion of

Digitalis, powdered leaves..... 3i
Water..... Oss

may give the patient a few more days by holding the heart to its work.

Of over 500 patients treated at Prof. Clapp's chest clinic, only a very few were found to have phthisis combined with heart disease.

Prof. Mary Safford does not accept the theory that the lining membrane of the uterus undergoes changes, and is thrown off at the monthly period; when this occurs, it is to be considered pathological. She thinks that women ought to know as much, if not more, about such matters as those of the opposite sex.

Prof. Smith is a firm believer in Cactus as a remedy, and to the class in materia medica cited several cases where it was of great service. Many physicians in this vicinity think the drug inert. The professor accounts for such general objection by the unfavorable

manner with which it was presented to the profession. He wished the students in their dispensary practice to accumulate evidence of its efficiency, and help settle the matter.

At the Murdock's Hospital, Dr. Packard removed a floating kidney by the lumbar incision from a woman sixty-four years old. Twelve hours after the operation she died. A post mortem examination revealed that the woman had lived a life-time with only the one kidney which had been removed, there being a congenital atrophy, nearly absence, of the other kidney.

The extracted kidney was enlarged, and the parenchyma filled with calcareous concretions, evidences of which had appeared in the urine for the past eight years, in the shape of calculi of various sizes.

The results of three months' competition at the above hospital show without a doubt, the superiority of homœopathic methods in treating those recovering from surgical operations.

The managers are satisfied that more patients have been discharged *cured* from this than from the allopathic side during the same time.

Dr. Woodvine has been very successful in treating cases of croup. The remedies which are to be given with great persistency are, Aconite and Kali bi.

The lecture in pathology was illustrated by a recent specimen of an uterine fibroid weighing fourteen pounds, being continuous with the uterus by a broad but thin pedicle, and occupying half of the abdominal cavity. The tumor was entirely free from adhesions, allowing it to completely turn on the pedicle, producing strangulation, gangrene and death.

The conditions were peculiarly favorable for a successful operation, but the patient consulted a surgeon at a time too late for a complete diagnosis.

During the first stage of labor cocaine may be used with advantage by bathing the cervix with a four per cent solution. When the presenting part during the second stage is causing distension and great pain, it may be injected into the perineum.

Prof. Southwick thinks that labor may be affected by remedies and has no objections to the use of Puls. and Cimicifuga alternating through pregnancy. If there are reasons to fear after-pains Viburnum may be given six or eight weeks before labor.

The Homœopathic Hospital reports the successful recovery of twelve successive cases of ovariotomy performed by the different members of the surgical staff.

The incision in later cases has been made through the left rectus muscle one inch from the linea alba. Three sets of carbolized catgut sutures unite the peritoneum, muscle, and skin.

Healing of the wound and absorption of the sutures goes on rapidly with little or no suppuration.

At the above place two cases of old dislocation at the shoulder joint have been reduced with the aid of ether. One was of five, the other of eighteen months' standing.

The majority of homœopathic surgeons in the hospitals are advocates of the antiseptic method of treating wounds and surgical operations. The minute details are carried out, and for the safety of the patient, great precautions are taken that all present are free from recent exposure to infectious diseases.

Rather than drawing off the amniotic fluid with the aspirator, to terminate pregnancy, when the uterus is hopelessly displaced, Prof. Southwick would use the galvanic current. Ten or fifteen cells should be prepared with fresh fluid, and newly amalgamated zincs. With the positive pole in the vagina and the negative on the hypogastrium, the current is to be turned on for twenty minutes at each sitting, and should be repeated every fourth day. Discontinue after the sixth sitting. The embryo is killed, becomes a foreign body, and is expelled.

As a rule the puerperal patient should not be allowed to sit or walk until the uterus has firmly contracted, and the fundus on a level or below the symphysis, which is usually on the eighth or tenth day.

Philadelphia.

HAHNEMANN MEDICAL COLLEGE.

Prof. C. M. Thomas, in lecturing on the subject of Anæsthetics, says: "Save in cases of children who cannot be coaxed, *never* push the ether in the *first* stage. It is cruel and brutal to jump upon a man in the full possession of his faculties, and force the anæsthetic! I have been etherized myself, know its sensations, and I believe I would feel like killing the man who would subject me to such treatment! For remember, that during this stage, the patient is perfectly conscious, and by an

appeal to his intelligence this brutality may be avoided."

This touched a responsive chord in the hearts of the students, for they admire the qualities of a *man* as well as those of a surgeon.

In conducting a recent eye clinic Prof. Thomas advocated the early removal of pterygiæ, because the greater the amount of growth they have attained, the greater will be the disfigurement, from scar, after the operation, and likewise the greater defect in vision, with no lessening in tendency to recurrence. And therefore, there can be but little gained by awaiting their full growth.

Our medical clinics, of late, showed us an excellent response from Phosphoric acid, in chronic diarrhœa, from which the man had been suffering for six years; at times, having as many as forty stools per day. The stools being clay-colored, painless, and accompanied with flatus. He received Phosphoric acid, 3x dilution. After eight days he returned complaining that he was overburdened with spare time, as he was called upon to void but one stool per day.

Our chair of practice warns us not to be deceived, and exclude typhoid fever, because of a *rapid* and high thermometric range, for frequently as early as twenty-four or forty-eight hours after the initial chill, the temperature has been found as high as 105°. And inasmuch as the successful treatment depends largely upon an early diagnosis, this fact should be borne in mind.

Prof. Mitchel advises that, in placenta prævia the bag of waters be left intact until the cervix is dilated by Barnes' bag; this, however, should be done carefully and gradually, as the cervix is, here, friable and more than commonly likely to split. After the largest bag (No. 3) has been introduced, it should be left until forced out by pains; thus securing as much as possible the stretching of the perineum. He does not then recommend the perforation of the placenta, but prefers to pass the hand into the uterus, separating the placenta at its lowest margin, from the uterus, and through this separation rupture the bag of waters and bring down a limb.

Ann Arbor.

UNIVERSITY OF MICHIGAN.

The examinations for the first semester of the school year are now passed, and the students breathe easier. The general verdict is that the exam's were *tough*.

Prof. McLachlan prescribed Convalaria for a patient having insufficiency of the heart's action, with venous stasis and ascites resulting therefrom. It promptly relieved the condition after Digitalis had failed to do any good.

In a recent lecture upon hysteria, Prof. Wood said that many persons have gone to insane asylums when they were only suffering from hysteria.

Prof. McLachlan recommends as an application to hasten the healing of pustular sores, Calendula in Vaseline with just a drop or two of Carbolic acid.

The following from Prof. Ford will be appreciated by those knowing the vast experience he has had in dissecting, and his opportunities for observation: "While not denying the possibility of there being a movable kidney, in all my experience and knowledge of dissected bodies for the last forty years, I have never seen one which was in any degree movable, or enough so as to be taken into account. Movable kidney ought to be ruled out in diagnosing ovarian tumor. Conjoined kidneys are so rare that I have only seen two cases of the kind."

Prof. Wood prescribed Lycopodium 6x for the following symptoms: distention of abdomen—worse from eating, bitter and sour eructations; illy defined headache aggravated by taking food in large or small quantities; cold extremities, pain in region of rectum, especially when lying down upon the back, as if sacrum was affected.

Minneapolis.

HOMŒOPATHIC COLLEGE.

Asthenopia is often caused by exposure to cold, damp winds — a fact not usually mentioned in text-books.—Prof. Beaumont.

In removing Esmarch's bandage after an operation, do not loosen it gradually, but remove *at once*. By the first method arterial circulation is re-established while venous circulation is impeded, and capillary oozing is the result.—Prof. Wilcox.

A thermometer which has been in the mouth of a diphtheria patient should be thoroughly cleansed in some antiseptic solution before being introduced into other mouths. Serious

consequences have followed a neglect of this precaution.—Prof. Ricker.

Prof. Higbee has performed trachelorraphy four times in presence of the class, each time with excellent results. About ten days ago he removed the entire coccyx of a female patient who had suffered many years with coccygodinia. It is too early to report results.

Prof. Beaumont recently gave us a practical illustration of strabotomy, and will perform an iridectomy before the close of the term.

Prof. Ripley assists some of the seniors to a little practical experience at Maternity Hospital.

Two new students since my last report.

We are now consuming a good deal of midnight oil — examinations are not far off.

Iowa City.

STATE UNIVERSITY.

The loss of the ovaries has long been considered as unsexing the female, but an interteresting case, showing the exception, was cited by Prof. Cowperthwaite, of a lady who came from Chicago to consult him, supposing she had a cancer of the uterus. An examination showed no carcinomatous growth or deposit, but demonstrated the absence of both ovaries and a very small uterus and narrow vagina. She is about 50 years of age, perfectly formed and well developed; has never menstruated, excepting a few drops of pure blood every period, and has always enjoyed the sexual relation.

Prof. Gilchrist always prescribes Silicea after operations for stricture of the urethra, whether by the sound, urethrotomy or electrolysis, to hasten the absorption of the products of the inflammatory process.

Our surgical and medical clinics have been full this winter with all varieties of disease, the surgical overflowing. We had among others a well-developed case of Hodgkin's disease.

Prurigo—or "prairie dig" seems to be prevalent this season, quite a number coming into our clinics for treatment. Rumex crisp., Hepar sulph., with Crysophanic acid ointment, were usually prescribed.

Our commencement exercises will be held at the Opera House, Tuesday evening, March 1st, fourteen coming up for graduation.

TWENTY-SEVENTH ANNUAL COMMENCEMENT EXERCISES OF THE HAHNEMANN MEDICAL COLLEGE AND HOSPITAL, CHICAGO.

"Old Hahnemann" held her twenty-seventh annual commencement exercises at the Grand Opera House, February 24th. There was a large attendence, and the occasion was enlivened by music by the full orchestra.

The annual report was made by the Dean, Prof. R. Ludlam, M. D. After an address by the Rev. S. J. McPherson, the President, D. S. Smith, M. D., conferred the degree upon the following-named graduates: —

Arthur J. Anderson.	Katherine K. Hickox.
Lloyd R. Atkins.	Abbie A. Hinkle.
Mary E. Avery.	H. L. Hinkley.
Cyrus M. Babcock.	Henry C. Hoefle.
Robert C. Bain.	Evelyn C. Hoehne.
Frederick Bursuch.	Sara E. Holmes.
Christopher Bollen.	Joseph P. Hough.
Alfred N. Bonham.	John F. Hurlbut.
A. J. Booth.	Franz T. Kahle.
Marcus Bossard.	August Karst.
Alvin Boyce.	Bernard C. Kelly.
Herron G. Briggs.	Christian H. Koehler.
Hannah M. Brown.	Julius H. Krueger.
Louise F. Bryson.	Jacob Lang.
Grant B. Bushee.	W. P. MacCracken.
Jennie C. Carr.	James L. Mackey.
Walter D. Chaffee.	Dwight P. Neal.
Edgar L. Colburn.	John A. Newton.
Ferdinand W. Coon.	Robert M. Nichols.
Edmond Dilliard.	Alice C. Nivison.
Marana C. Dow.	John Oberg.
Nelson L. Dow.	Julia M. Orr.
Anna C. Dumont.	Jane A. Pickering.
David Duncan.	Frank A. Porter.
Harley K. Dunklee.	Jay L. Sackett.
Henry Ehrlich.	J. A. Schmidt.
Mary S. Ertl.	Ira J. Schott.
Almus P. Evans.	William H. Schrader.
Alice A. Ewing.	Mary A. Shepard.
William O. Fryberger.	Libbie O. Slough.
Leon H. Goodale.	Ida E. Smith.
Horace A. Gordon.	Sarah A. Smith.
Homer V. Halburt.	W. Sondericker.
George P. Hale.	W. R. Stephens.
Lizzie E. Halleway.	Edward E. Vincent.
Henry C. Hallowell.	Chas. T. Waggoner.
Rosalie Hamilton.	Mort. C. Waggoner.
John H. Hammond.	James M. Walthall.
Hilton Hammond.	Edward Wilson.
William L. Hartman.	Frank D. Worcester.

John B. Harvey.
A. H. Hastings.
Raymond W. Hatch.
Alex. C. Hermance.
Frances W. Wheeler.
James C. Valentine.
Lora Valentine.

The following appointments were made: House Physician of Hahnemann Hospital — Dr. R. C. Bain. House Surgeon — Dr. H. C. Hoefle. Prizes for general scholarship were bestowed upon Dr. H. W. Holbert and H. C. Hallowell.

In the evening the Alumni Association banqueted at the Leland Hotel. Toasts were responded to by Drs. C. A. Walsh, L. A. Bishop, H. V. Hulburt, G. A. Hall, J. E. Gilman, R. Ludlam and A. E. Higbee.

ELEVENTH ANNUAL COMMENCEMENT EXERCISES OF THE CHICAGO HOMŒOPATHIC MEDICAL COLLEGE.

The eleventh annual commencement exercises of the Chicago Homœopathic Medical College were held on the afternoon of February 24th, at the Chicago Opera House, which was filled with the friends of the students and faculty. The exercises were interspersed by selections rendered by the Chicago Opera House orchestra. After prayer, by the Rt. Rev. Bishop Fallows, the President, J. S. Mitchell, M. D., made his annual report. Degrees were then conferred upon the following-named graduates:—

Elera J. Abbott.
J. W. Barnes.
Victor V. Bacon.
M. C. Blystone.
S. N. Burchfield.
Henry D. Campbell.
Charles R. Clapp.
George W. Coffman.
George P. Connolly.
H. H. Depew.
Chester C. Dodge.
James C. Duncan.
Calvin A. Frazee.
N. Ralston Fitch.
D. A. Foote.
Lyman Gregory.
Chas. H. Griswold.
C. Frank Grout.
Edgar A. King.
Wells LeFevre.
P. L. McKenzie.
S. B. Myers.
John McFarland.
Charles S. McKay.
F. W. Nause.
T. D. Palmer.
Obadiah A. Purdey.
U. W. Reed.
Owen C. Rees.
Charles D. Rich.
H. O. Rockefeller.
Alphonso L. Ruffe.
Sollis Runnels.
A. W. Slaught.
Konrad Schaffer.
D. S. Sinclair.
Joseph L. Snow.
Charles L. Schultz.
J. Wesley Welker.
Alfred M. Webster.
T. Hamilton Williams.
Jno. W. Wisely.
William L. Wilson.
Alvin White.
W. G. Willard.
A. Freeman Yetter.

Drs. D. A. Foote and T. H. Williams received appointments as house physicians to the Free Dispensary connected with the college.

Dr. Geo. W. Coffman delivered the class valedictory, which was followed by one on behalf of the faculty delivered by Professor R. N. Tooker, M. D. The address was given by James M. Flower, Esq.

In the evening the Faculty tendered a banquet to the graduating class and alumni at Kinsley's. Prof. J. W. Streeter presided as toast-master, and the responses were made by Drs. Chas. Gatchell, J. S. Mitchell, W. F. Knoll, Lyman Gregory, L. C. Grosvenor, R. N. Foster, Willis Danforth, E. M. Hale, L. Pratt, and James M. Flower, Esq.

IOWA UNIVERSITY.

The tenth annual Commencement Exercises of the Homœopathic Medical Department of Iowa University were held at the Opera House, Iowa City, March 1st.

The class valedictory was delivered by Dr. F. W. Southworth, and the annual address by Hon. F. W. Lehman, on the "Elements of a Successful Life."

Degrees were conferred on the following-named graduates:

Albra W. Baker, Williamsport, Pa.
Jos. E. Beck, Kittanning, Pa.
Peter S. Beck, Metz, Iowa.
Elva M. Coulter, Iowa City, Iowa.
Jacob Derx, Farmington, Iowa.
Arthur W. Fees, Mt. Etna, Iowa.
E. S. Lawrence, Waterloo, Iowa.
Frank W. Lee, Orchard, Iowa.
Albert L. Martin, Lisbon, Iowa.
Carlton V. Norcross, Butte City, Montana.
Fred W. Southworth, St. Paul, Minn.
Clara J. Swan, Mt. Pleasant, Iowa.
Wm. C. Wright, Woodbine, Iowa.
Chas. W. Vroom, Waterloo, Iowa.

The Alumni of Pulte Medical College held a reunion and a banquet on the evening of March 1st, at the Gibson House, Cincinnati. Prof. J. M. Crawford, M. D., acted as toast-master, and Prof. A. L. McCormick made the address of welcome. After the *menu*, responses were made by Drs. H. E. Kehoe, Chas. E. Walton, J. C. Kilgour, H. A. Ward (class valedictorian), J. D. Buck, H. J. Needham and S. A. Fisher. It was a most enjoyable occasion for all, and gave promise of more in the future.

MISCELLANY.

All Pulte Alumni should send their present addresses to Dr. Geo. B. Ehrman, Secretary, 46 W. Seventh Street, Cincinnati, O.

A SELECTION which appeared in the ERA in Sept. 1886, turns up in a recent number of the *N. Y. Med. Times* as an editorial!

YODOFORMO destruye rápidamente los parásitos de sarna y sus gérmenes, y alivia el correspondiente prurito, sin irritar la piel ni producir ronchas nuevas. Es digno de considerarse superior á todos los otros remedios para sarna.

IT is not too early for those having the chairmanship of Bureaux in the Illinois State Homœopathic Medical Association to begin earnest work on their reports. Don't put it off till the last moment; don't shirk the work; don't fail!

THE editor of the *Medical Record* has been scanning a recent number of the *Hahnemannian Monthly* to see how many articles treated of subjects which are not "Hahnemannian Homœopathy." Now let him look over his files of the *Record*, and pick out all the articles he can find that *are* "Hahnemannian Homœopathy."

OVER fifty years ago, says Sir Spencer Wells, the average duration of human life in Great Britain was 30 years; to-day, according to statistics, it is 49 years. In this fifty years the population has increased by 8,000,000. At least 2,000,000 out of these 8,000,000 of increase may be put down as the fruit of improved sanitary and medical work and of victory over preventable sickness.

THEY PAID FOR THEIR FUN.—A party of young men in this city decided a few nights ago to have a little fun at the expense of several Atlanta doctors. They thereupon telephoned a number of them to call at one of the hotels and see a very sick man. The night was bitter cold; each physician telephoned for responded at once. They all reached the hotel about the same time. The clerk was suprised; said their was no one sick in the hotel. An investigation revealed the little job put up by the smart young men and they were asked to pay to each doctor five dollars or complaint would be lodged against them at police headquarters. They paid the money, amounting to $40.00, and are now poorer and wiser men.—*Atlanta Medical and Surgical Journal.*

THE editor of the *Medical News* relates the following experience on the part of a well-known physician:

He was called to an urgent case of diphtheritic croup, in which he desired to perform tracheotomy, but was forbidden. As he was leaving the bedroom the suffocating child was struggling in the lap of its mother, who cried piteously, "Doctor! doctor! Surely you are not going without doing something more for us!" Tracheotomy was again proposed, and again refused. Turning to his assistant, the physician said: "Suppose we try catheterization. It is not likely to succeed, but we can make the attempt." The tip of a flexible catheter was then cut off square, and the instrument was introduced without difficulty through the mouth. Hardly had it penetrated into the larynx when the child became asphyxiated and black in the face. The trachea was at once incised in a single movement, forceps introduced, and a mass of membrane withdrawn, all within ninety seconds, as timed by the assistant. Still the child did not breathe. The catheter was then introduced through the incision, and the thorax was inflated by the assistant's breath; the thorax was compressed to expel this air, and then artificial respiration was performed in the ordinary manner, with resuscitation of the patient in a few minutes; all with the child in its mother's lap. A canula was inserted, and the child was left breathing comfortably. It died on the day following.

THE following story comes from Boston. Recently, a young physician of the Harvard medical school conceived the idea of playing a joke on Miss Annie Copeland, one of the lady students of the College of Physicians and Surgeons, and at the same time rubbing out an old score he had laid up against her. His plans were carefully mapped out, and everything being in readiness, the lady was called upon to attend a case of fracture of the leg. Somewhat astonished, she promptly answered the summons of suffering humanity, confident in her ability to sustain the dignity of the profession she had adopted. On arriving at the residence indicated, she was surprised to find her patient to be a man about forty years old, apparently suffering the most excruciating pains. Moving the covering she discovered the fracture to be that of a wooden

leg. Nothing daunted, and without showing any evidence of her discovery, she quietly replaced the covering, said she must go for some splints and bandages, and would return immediately. She did so, bringing with her some small pieces of brass and brads, with which she at once proceeded to repair the fractured limb. The surgical operation was performed in a remarkably short space of time, and the injury left to the healing process of nature. She quietly gave the necessary directions, informed the man that he would be all right in a day or two, and that her bill was $25. It is scarcely necessary to say that the fee was not forthcoming, the matter being treated as a good joke. Next morning, however, Miss Copeland appeared on the scene with a constable, and much to the chagrin of the son of Æsculapius, collected her fee. It would seem that if the young graduates of Harvard Medical School wish to get ahead of the lady students of the College of Physicians and Surgeons they will have to rise very early, and use more brass than Miss Copeland did in reducing the fracture of the wooden leg.

LINCOLN, NEBRASKA, FEB. 20, 1887.

Editors Medical Era:

I have never seen diphtheria recur in the same patient except in my own family. In 1863 my brother, sister and myself were all sick with diphtheria at one and the same time. My brother and sister were very ill, while I did not suffer so severely. In 1876 the same sister had a very malignant attack. In 1878 I myself had an attack, and again last spring, *i. e.*, in May, 1886, I had a most malignant attack, from which recovery was very slow. My attack of '78 was due to an autopsy of a diphtheritic subject, and that of '86 was contracted while attending cases. Thus my sister suffered from two attacks. I myself from three attacks. In neither of the above cases could there have been doubt as to diagnosis, as they were seen and diagnosed by some of the first physicians of the East.

BENJ. F. BAILEY, M. D.

PRACTICE FOR SALE. — Homœopathic practice located in a pretty county seat, city in Western Ia. Business $2,500 to $3,000 per year. No other Homœopath within 30 miles. Practice constantly increasing. Will sell at a sacrifice if disposed of before May 1st. Selling on account of health. Address, "B." care of MEDICAL ERA.

SOCIETY MEETINGS.

The following societies will meet at the places and on the dates mentioned:

American Institute of Homœopathy, at Saratoga Springs, June 27, 1887.

Illinois Homœopathic Medical Association, at Joliet, May 17, 1887.

Hahnemann Medical Association of Iowa, at Des Moines, May 17, 1887.

Homœopathic Medical Association of Michigan, at Lansing, May 17, 1887.

Minnesota State Homœopathic Institute, at St. Paul, May 25, 1887.

Homœopathic Medical Society of the State of Ohio, at Cleveland, May 10, 1887.

Nebraska State Homœopathic Society, at Omaha, May 15, 1887.

Homœopathic Medical Society of the State of Wisconsin, at Milwaukee, June 20, 1887.

Kansas State Homœopathic Medical Society, at Kansas City, May 4, 1887.

California State Homœopathic Medical Society, at San Francisco, May 11, 1887.

Texas Homœopathic Medical Association, at Fort Worth, May 3, 1887.

PERSONALS.

DR. O. S. PEASE has removed to Morgan Park, Ill.

DR. C. H. EVANS has removed his residence to 730 Warren Ave.

DR. E. H. PRATT has invented a new instrument for stretching of the anal sphincters.

DR. G. A. HALL recently removed a plate of false teeth from a man's stomach, by the œsophageal route.

DRS. KOIER and Crutcher have opened offices at Parker's Building, corner Madison and Halsted streets, Chicago.

LOCATION.—Physicians wanting a good practice should address Dr. J. W. Barnsdall, St. Paul, Nebraska. No bonus asked.

PRACTICE for sale; will form partnership to introduce successor. Address, Dr. A. L. Marcy, Sioux Falls, Dakota.

ANY physician, in or out of Chicago, who wishes an office-assistant, one who has attended one course of lectures, would do well to address W. F. Spencer, 780 W. Jackson st.

BOOK REVIEWS.

ORIFICIAL SURGERY AND ITS APPLICATION TO THE TREATMENT OF CHRONIC DISEASES. By E. H. Pratt, A. M., M. D., LL. D., Professor of Principles and Practice of Surgery in the Chicago Homœopathic Medical College. Chicago: W. T. Keener, 1887.

This is a book which is destined to excite a great deal of interest. It is long since anything so radical and so original has been presented to the profession. According to the theory which Prof. Pratt advances, chronic diseases, for the most part, are due to a waste of nerve-force, occasioned by irritation at the lower orifices of the body, which, by its drain on the system of the great sympathetic causes failure of circulation, with all its attendant ills. Removal of the cause of this irritation re-establishes the circulation, and thus contributes to recovery.

The conditions which may give rise to the irritation are many. Among these may be mentioned, rectal "pockets" and papillæ, hemorrhoids, ulcers, fissures, fistulæ, phymosis, constricted urethra; and, in the female, the various disorders of the vagina, the uterus and its appendages, which may cause local irritation.

Prof. Pratt's book is a practical work on the treatment of all the conditions named. Many of the methods are original with the author, while those which are not are the latest and most approved known to the profession. The instruction is given in a clear and practical manner, and will be of great value to every physician. It is applicable to the treatment of a great variety of disorders and chronic diseases in both male and female patients.

Prof. Pratt's theory, like everything else, must be judged by its results when applied to practice, and testimony of this kind is not wanting, for the book contains reports of cases from Drs. Streeter, Knoll, Boynton, Bliem, and others of Chicago, Dr. Danforth, of Milwaukee, and many other physicians in various parts of the country.

The author deserves great credit for his ingenuity in having devised several new instruments which greatly facilitate the treatment of diseases of the rectum and uterus.

OXYGEN IN THERAPEUTICS. A treatise explaining the mode of Preparation of Oxygen, and its Administration and Effects; Illustrated by Clinical Cases. By C. E. Ehinger, M. D. Chicago: W. A. Chatterton & Co., 1887.

If we mistake not, this is the only special treatise on the use of Oxygen in therapeutics in our literature, though there is much material scattered in journals and pamphlets. In a very systematic manner Dr. Ehinger has gone over the ground, and given us a book by means of which any intelligent physician may obtain a complete mastery of the subject. It is the very alphabet of Oxygen in Therapeutics. The work tells how to make the Oxygen, how to administer it to patients, and then follows a series of clinical cases illustrating its beneficial effects. Oxygen, as well as Aconite, or Arsenic, has its place in the materia medica, and Dr. Ehinger's book will do much towards defining that place, and towards making it possible for the profession to avail themselves of this important remedy.

INSOMNIA, AND OTHER DISORDERS OF SLEEP. By Henry M. Lyman, A. M., M. D., Professor of Physiology and of Diseases of the Nervous System, in Rush Medical College, Chicago. Chicago: W. T. Keener, 1886.

For some years Hammond's "Sleep and its Derangements" has been the book to which we have all looked for a critical knowledge of the subject of which it treats. But here is one which rivals it. Prof. Lyman — in the choice style for which he is so well known — has given us a work which is exhaustive, interesting and accurate. There is no department of the subject which is not treated of in the most thorough manner. The practical part of the subject is given in chapters on "Remedies for Insomnia," and the "Treatment of Insomnia in Particular Diseases." The book makes interesting reading, and it must be of service to all who have cases of insomnia to treat.

THE PRESCRIBER: A DICTIONARY OF THE NEW THERAPEUTICS. By J. H. Clarke, M. D., Physician to the London Homœopathic Hospital. Second Edition. London: Keene & Ashwell. 1886.

By the "new therapeutics," Dr. Clarke explains that he means "the specific medicine

of Hahnemann." In a very convenient form the book gives what might be called an index of therapeutics. The names of diseases are arranged alphabetically, with the therapeutics attached to each. The matter is well chosen, and the treatment sufficiently orthodox to suit the most fastidious. It is really an excellent little hand-book, and physicians may obtain from it many useful hints.

The Revolution in Medicine. Being the Seventh Hahnemannian Oration delivered October 5, 1886, at the London Homœopathic Hospital. By John H. Clarke, M. D. London: Keene & Ashwell, 1886.

Not since Ameke's splendid history of Homœopathy, which came to us a year ago, have we read anything relating to Hahnemann so interesting as this lecture of Dr. Clarke's. He has built in pyramidal form, a short history of Hahnemann and his work which those who have thought themselves to be most familiar with the subject may read with profit. He shows us what, at times, we are too apt to forget, that Hahnemann was not only a genius, but that he was also a hero, and one of whom we may well be proud. The address is systematic in its arrangement, logical in its conclusions, and most entertaining in its matter.

Drugs and Medicines of North America. Vol. II., No. 3. A Quarterly Journal by J. U. and G. C. Lloyd, Cincinnati, Ohio. (One dollar a year.)

This publication is one of the most thorough and complete, in its systematic elucidation of American plants, ever yet attempted. It gives the botanical, medical and chemical history of each plant, with original researches by the Lloyds and other eminent authorities. Then comes the unique portion of the work, being a symposium of therapeutic opinions from prominent authorities of each school of medicine, the Allopathic by Prof. Bartholow, the Homœopathic by Prof. E. M. Hale, and the Eclectic by Prof. Scudder and John King. In this number Lobelia inflata is taken up, and we get the most exhaustive history of it ever written. Bartholow gives his experiment on animals with Lloyd's Hydrobromate of Lobelin, of which one drop will violently vomit a strong man. His deductions from his experiments accords with its curative uses. Dr. Hale gives a clear resumé of its therapeutic uses in our school, and Dr. Scudder gives its uses in his school. This work deserves the support and encouragement of all medical schools.

An Essay on Menstruation and Ovulation. By O. S. Sanders, M. D., Boston. 1880.

The substance of this essay formed an address which was delivered to the members of the Boston Surgical and Gynæcological Society, and to the ladies of the Boston Physiological Society. Dr. Sanders has made a distinguished reputation as a popular lecturer, and this address is one of many which he has delivered on various occasions. It would be well if physicians would to a greater extent imitate his example, and make their patients more familiar with the natural history of disease. In times of sickness it would be an aid to both the patient and the physician.

The State and the Medical Profession. A Discussion of the Principles that should Govern Medical Legislation in the United States. By Jabez P. Dake, A. M., M. D. Nashville: 1887.

This paper is almost exhaustive on the subject of State medicine. Not in its *length* — for Dr. Dake never exhausts his reader — but in the thorough manner in which the subject is handled. Like all of the author's work, the arrangement of topics is systematic, and the argument is cumulative.

Dr. Dake would dispense entirely with governing boards, and let the people be their own arbitrators and their own censors in the selection of their physicians. It is the *qui meruit palmam ferat* principle applied to the medical profession. The position is sustained by the citation of numerous authorities, and by much sober argument.

The method which the author recommends is simply a registration, open to general inspection, of the physicians' qualifications, leaving the public to employ whom it pleases. To this he would add a "high license" for itinerant quacks, which would be practically prohibitory.

The Century for March has two articles on faith-cure—one *pro*, the other *con*.

St. Nicholas for March is a breezy number, with a long list of short stories, every one of which is bound to please somebody, and all of which ought to please everybody.

SPECIAL NOTICES.

NESTLE'S MILK FOOD, for general use, has done much to diminish the mortality from Cholera Infantum.

THE PEACOCK CHEMICAL CO., St. Louis, will mail to any physician sending his address, a copy of their quarterly journal, "The Doctor."

CHERRY MALT PHOSPHITES is a stimulant and nutrient, especially adapted to sensitive organizations. Address the Liebig Pharmacal Co., N. Y.

T. R. DICE, M. D., Utica, Mo., says: I have been using Celerina the past two years, in neurasthenia and nervous headache, with marked success.

PHILLIPS' PALATABLE COD LIVER OIL has never been permitted to deteriorate in quality. The standard of excellence is steadily maintained, and it enjoys the confidence of many physicians.

RIDGE'S FOOD has long been a favorite, and possesses the qualities which make it acceptable to the most irritable stomach of infant or invalid. It has been before the public for fully thirty years.

SOZONE has become a standard remedy in the profession. It is sold only to physicians. If you have a case of asthma that yields to nothing else, try Sozone. It oftens succeeds where everything else fails.

THE Galvano-Faradic Manufacturing Co., 300 Fourth Avenue, New York, make all kinds of standard electrical apparatus, and keep electrical supplies of all kinds. Send for their illustrated price list.

GLYCOZONE is a *perfect* antiseptic agent. It destroys all microbes instantly, while at the same time it is non-poisonous to the one using it. Write to F. A. Reichardt & Co., 96 Liberty St., New York City, for a descriptive pamphlet.

WELLS, RICHARDSON & CO. of Burlington, Vt., have issued their "Dietetic Annual for 1887." It contains much useful information on the subject of dietetics in general, and also the use of Lactated Food, which fulfills many of the indications of a perfect food. Send for a copy of their "Annual."

FAIRCHILD BROS. & FOSTER, NEW YORK.—By reference to the advertisement of this firm, our readers will find something of interest regarding alimentation. This firm has been for a number of years paying special attention to the manufacture of digestive ferments and has succeeded in giving the profession pure and reliable goods. If you would have pure pepsin, in purchasing always specify Fairchild's.

THE results of both chemical and physiological analysis and experiments are that Mellin's Food for Infants and Invalids, when added to diluted cow's milk, forms the only perfect substitute for mother's milk that has ever been produced. The prevalent idea in regard to thick food being the most nourishing is erroneous. Thick pap cannot be digested at all, much less be nourishing. Mellin's Food when prepared for nursing infants is thin, like breast-milk, and very palatable.

CASES OF SKIN ERUPTIONS AND SYPHILIS TREATED WITH HORSFORD'S ACID PHOSPHATE.

By Mr. JAMES STARTIN.

Late Honorary Surgeon and Lecturer, St. John's Hopital for Skin Diseases, London; Honorary Consulting Surgeon to the Sheffield Public Hospital for Skin Diseases.

It appears to me that the "Acid Phosphate" originally prescribed by Prof. Horsford, of Cambridge, U. S. A., is not so well known in this country as its merits deserve. A glance at the formula will however readily convince one of its value in suitable cases. Each fluid drachm gives on analysis 5½ grains of free phosphoric acid, and nearly four grains of phosphate of lime, magnesia, iron and potash. The following are a few brief notes of some of the cases in which I have prescribed it with complete success.

Mr. G., æt. 69, consulted me November, 1885, for eczema on the arms, legs, palms of the hands, and trunk. The patient complained of much debility and nervous exhaustion, and he was a man who had led a very busy business life, with much worry. In December, 1885, I prescribed Horsford's acid tonic with much good effect, as in February, 1886, I heard that he was quite well.

Mrs. S., æt. 46, consulted me in December, 1885, for psoriasis, all over the body, more or less, especially on the legs and arms. In January, 1886, I prescribed a teaspoonful of the acid tonic three times a day with marked good effect. Patient had been much exhausted by continuous nursing of an invalid mother.

Mr. C., æt. 64, consulted me in September, 1885, with one of the worst attacks of late syphilis I ever saw. After he had been relieved from the distressing symptoms, and ulcerations, I prescribed the acid tonic for epileptiform fits from which he suffered, with excellent results.

Mr. McJ., æt. 63, consulted me in November, 1885, for lichen ruber, which was accompanied with intolerable itching. He was a nervous, irritable man. I prescribed the acid tonic with the effect that in December he presented himself quite convalescent.—*Medical Press, London, Eng.*

THE frontispiece of SCRIBNER'S MAGAZINE for March is a strong and dignified portrait of M. Thiers, engraved from the painting by Healy, which has not before been reproduced.

THE HAHNEMANN MEDICAL COLLEGE of San Francisco, has issued its new Announcement. This school has passed the experimental stage, and is now an assured success.

RARE CHANCE.—A Physician (Homœopath), having a first-class practice in Chicago, is desirous, on account of health, of going away from the city.

A small amount invested in office furniture and medicines will secure a good paying practice in a first class neighborhord in Chicago. Address, S. C. DRURY, Lock Box 603, Chicago.

THEY SAY

That the colleges are closing.

That an accoucheur is a Knight of *Labor*.

That absinthe-drinking is on the increase.

That pure water is one of the best diuretics.

That the use of tobacco produces amblyopia.

That Baltimore is excited over a case of burking.

That Colorado has one doctor to every 341 inhabitants.

That one-half of the solid earth is composed of oxygen.

That the brain of Prof. Olney weighed sixty-one ounces.

That there will be 4,000 graduates in medicine this spring.

That Gambetta's brain weighed but thirty-eight ounces.

That stretching of the prepuce is better than circumcision.

That Lawson Tait performs ovariotomy in eleven minutes.

That oxygen combines with all the elements except fluorine.

That water has greater dietetic value than it receives credit for.

That non-smokers digest their food much sooner than smokers.

That Chicago beats the world in turning out homœopathic doctors.

That fourteen homœopathic colleges will confer degrees this spring.

That hydrogen-peroxide is the best topical application in diphtheria.

That 1996 homœopathic doctors have graduated in the past five years.

That "peptonuria" is not so recent a term as some people fondly imagined.

That the infection of typhoid cannot be acquired by an unbroken surface.

That the use of chloroform in labor does not favor post-partum hemorrhage.

That infectious diseases can be conveyed by the mouth-pieces of telephones.

That the spores of anthrax remain alive in polluted well-water for one year.

That distilled water charged with pure oxygen is the fashionable drink in Paris.

That it is dangerous to administer ether to patients suffering with nephritis.

That Chicago has given to the world 133 new homœopathic doctors this spring.

That there's room at the top, but it is necessary to go a little higher each year.

That cocaine, twelve minims of a four per cent solution, will cure sea-sickness.

That 2,000 cubic feet of fresh air per hour is needed for each individual in a room.

That the allopaths are as busy as ever in discovering our most ancient discoveries.

That Israel reports 37 cases of actinomycosis hominis, with 16 recoveries and 21 deaths.

That there is enough oxygen in the air of the globe to supply the demand for 480,000 years.

That the *S. J. of Homœopathy* is still on deck, and you will soon receive your 1887 numbers.

That alcohol, a stimulant narcotic, and tobacco, a depressant, cost the most to human life.

That in operating for empyema the incision should never be below the fifth intercostal space.

That in the last nine years the medical colleges of this country have turned out 33,000 graduates.

That grasping the nose firmly between the thumb and finger will often arrest nasal hemorrhage.

That a professor of obstetrics does not rule the sea, but he takes an interest in "navel affairs."

That a new medical journal — old school — has appeared in Chicago, and another in Philadelphia.

That a physician in Germany killed a patient by giving an over-dose of cocaine, and then suicided.

That the first boycott was performed six thousand years ago when the first Jew was circumcised.

That in the last five years Chicago has graduated 483 more homœopathic doctors than any other city.

That the daily consumption of oxygen in the entire world reaches the enormous amount of 7,143,000 tons!

That Mr. Lawson Tait keeps everything about his hospital and operating room scrupulously neat and clean.

That the new compound, Sacharin, is so sweet that one part in seventy thousand is distinctly perceptible to the taste.

That a sign on a college building in St. Louis says — "Patients go below!" The dispensary room is in the basement.

That oxygen was first liquefied in 1877, by subjecting it to a pressure of 220 atmospheres at a temperature of — 220° F.

That insects may be preserved dry for microscopical purposes by first dipping them in a solution of corrosive sublimate.

That the mortality rate in the lying-in hospitals of Germany is less than one-half since the introduction of antiseptic methods.

That the life of a man who had swallowed two ounces of chloroform was saved by the injection of three-quarters of a grain of atropine.

That Indians don't stand pain with the stoicism with which they have been credited. They yell bloody murder on having a tooth drawn.

That the convicts in the State Penitentiaries of both Illinois and Ohio are treated homœopathically. We have always claimed that convicts were gentlemen of good taste.

THE MEDICAL ERA.

CHICAGO, APRIL, 1887.

JAMES E. GROSS, M.D., CH. GATCHELL, M.D., *Editors.*

ENGLAND AND AMERICA.

We in America little realize the obstacles against which our colleagues in England — the most favored of Old World countries — have to contend. We are ten thousand strong. We have fourteen colleges, which annually add to the list four hundred homœopathic physicians. We have hospitals and dispensaries almost without number, State and Government recognition and support, and a clientelage estimated to number twelve millions of the best citizens of the United States.

In strong contrast to this, of late years, homœopathy in England has made little progress. In that country there is no homœopathic college which can grant a degree, and the practitioners of homœopathy still suffer persecution on the part of the allopaths, similar to that through which we passed years ago. Hopeless of obtaining justice from the dominant school, the homœopaths are again appealing to the people.

Two years ago, while in England, Dr. J. P. Dake, of Nashville, had a conversation with several of the leading physicians regarding the status of the profession, and as a result it was determined to make the present appeal. A "League" has been established, which has for months been engaged in publishing tracts for popular reading, setting forth the advantages and claims of the homœopathic system of medicine.

This movement has the co-operation and approval of such men as Drs. Dudgeon, Hughes, Brown, Pope, Clarke, and others of England, and Dr. Dake of this country, to say nothing of the sympathy of many others whose relations to it are less active.

Would it not be discouraging to our English colleagues if at this time the enemies of homœopathy in England should be able to announce to the people that in America, as a system of medicine, homœopathy was no longer known? That the name had been abandoned, and the organization had ceased to exist? That there were no medical societies where the name of Hahnemann could be mentioned without exciting smiles of derision, or unfavorable comment? That the advantages for which the school had been struggling for years, had, on the eve of attainment, been sold for a mess of pottage. That the homœopathic materia medica had been turned over to the tender mercies of its traditional enemies, for them to pluck a few plums, and use the rest as a foot-ball?

And yet the monstrous proposition to take action which would be followed by the result indicated, has been made by members of our school. It has been well said, however, that the journal which advocates this policy, "in consequence of its course is receiving severe criticisms from many of its quondam brethren, while it gets a very inappreciative hearing from the regular school."

After relating the history of a struggle made by several homœopathic physicians to maintain their positions in public institutions — two meeting with success, and one with

defeat — Dr. Clarke, Editor of the *Homœopathic World* — says in a recent number of his journal:

> The moral of all this is, that if Homœopathists will only stand their ground, which is the ground of principle, of truth, and of justice; if they will in every way defend, not themselves but the principles they represent, they will be respected by their foes and supported by the public at large. If they are content to be extinguished by the contempt, or, which is much more baleful, the condescension, of the dominant section who know not HAHNEMANN and have no desire to know him, they will be extinguished along with the lamp of truth, of which they will have to give an account.

To abandon our cause at this critical moment would be unwise and impolitic — an act of injustice to ourselves, and of cruelty to our English colleagues. There need be no coalition between the two schools unless we prescribe the conditions. Those conditions should involve the just recognition, in name and in fact, of homœopathy as a system of medicine. In the absence of such conditions, we in America are numerous enough and powerful enough to decline all overtures which may be made by our friends, the enemy Meanwhile, our colleagues in England may be assured of our hearty sympathy and support in the war which they are now waging against the intolerance and persecution of the dominant school, which is endeavoring to rob them of their heritage, while it spits upon their name.

FAITH.

It is "the substance of things hoped for, the evidence of things unseen."

It requires faith to believe that the properties of a drug can leave the molecules of the drug itself, and take up an abiding-place in the menstruum.

It requires faith to believe that after you have jealously protected your high potencies from contamination, it is right to put them into a glass of water which has run through iron and lead pipes, and holds in solution or suspension untold impurities.

It requires faith to believe that Hahnemann, if he were living, would join the "Internationalists."

It requires faith to believe that another person can "think away" your disease.

It requires faith to pay cash for an "absent treatment."

But the sublimest faith of all is that which is displayed by our erring brethren in the curative powers of *lakaninum*.

A TRIBUTE TO THE MARIGOLD.

In these days of antisepsis and antiseptics, when carbolic acid, iodoform, corrosive sublimate, the chlorides, and various other compounds are called upon to exert their benign influence in the healing of wounds, it would be well for homœopathists to pause and recall the fact that they have long had, in their pharmacopœia, a drug which, in many cases, is undoubtedly superior to any of those named.

Why will not calendula do to-day what it has done for thousands of physicians in days past? It has lost none of its virtues, and a marigold is a marigold still. In incised, lacerated and contused wounds it will produce results that can be attained by the use of no other remedy. It promotes healthy granulation and healing by first intention.

An old-school physician reports to his journal a case treated by this remedy. It was a deep, lacerated wound in the palm of the hand, produced by the head of a horseshoe nail. It was very ragged, and the outlook for its healing by first intention very unfavorable. After putting the wound in as good shape as possible, and securing it by plaster, it was covered with lint, which was kept constantly saturated with tincture of calendula. Without suppuration in ten days the wound had perfectly healed. The doctor concludes by saying — "Considering the ragged character of the wound, this was remarkable."

But not the least remarkable part of his entire report is the fact that this physician

gives homœopathists full credit for having first discovered the virtues of calendula.

Let us not by neglect, and by trying, in turn, every new drug with which the allopaths are so fond of amusing themselves, permit our most reliable remedies to fall into a state of "innocuous desuetude."

CONSISTENCY.

This is said to be the name of a rich jewel, one which is worthy a setting among rare and precious stones. It is more precious than diamonds; almost anyone can own diamonds, but there are few who can be consistent. When an instance of the kind comes to light it should be held up to the world's view as an example worthy of all emulation. Having come upon an instance of singular consistency in one of our exchanges, we are but obeying a missionary spirit in giving our readers the benefit of the discovery.

This journal is the greatest stickler in our periodical literature for what — in its own opinion — is "pure homœopathy."

It took Prof. J. C. Wood to task for recommending his students to give a hypodermic injection of ten drops of ergot.

It took Prof. H. R. Arndt to task for asking his class to give him some information about Dover's powders.

It says:

A homœopath should never *try* a remedy unless it covers the totality of the symptoms in his case, on any man's recommendation, not even Bartholow's.

As we turn the pages of this journal, we find that it is not so narrow in its policy as the above extracts would lead one to believe. As examples of its liberality of spirit, we quote the following:

Dr. W. S. Coe, Talcott, W. Va., has had good results with Celerina in bad cases of delirium tremens. He considers it *par excellence* the nervine.

The editor offers this morsel to his readers with a go-thou-and-do-likewise air, in strange contrast to his injunction never to "*try* a remedy.... on any man's recommendation, not even Bartholow's."

But, to cap the climax, this editor gives his readers the benefit of an extract from the *Medical Bulletin*, quoting F. A. Rew, M. D., as authority, on the —

HYPODERMIC USE OF LISTERINE.—There is one mode of its administration to which attention may be called. I allude to its hypodermic administration. Keeping in view the fact that it is antiseptic, tonic, non-toxic, its use is indicated in cases of too rapid retrograde metamorphosis, or perversion of vital force. During the past four years I have proved this to my complete satisfaction. For the past four months this section has been scourged with a severe epidemic of dysentery and cholera infantum. I have used Listerine, when indicated, by the mouth, by rectal injection, and hypodermically, and the latter method has always yielded the best results.

Now, what does this editor mean by re-publishing *without comment* this extract from the *Medical Bulletin*, unless it be to recommend it to the favorable consideration of his readers? In effect, he advises his readers to give hypodermic injections of Thyme, Eucalyptus, Baptisia, Gaultheria, Mentha Arvensis and Benzo-boracic Acid (of which Listerine is composed), in dysentery and cholera infantum!

Professor Wood, this is the editor who took you to task for recommending hypodermic injections of ergot in post-partum hemorrhage! Do you feel very badly about it? And how do you feel after the scolding that you received, Professor Arndt?

We forbear further comment; — it is unnecessary. We simply wish to ask one question:

Is this consistent?

XIII.

THE DOCTOR TALKS.

"I've been thinking," said the Doctor, "on a very old subject."

"Anything about Shrady?" I asked.

"No. Let Shrady R. I. P. But I have been thinking that if a man wishes to offer up his life on the altar of science, he has but to be taken with the typhoid fever, and then be taken to an allopathic hospital for treatment. If he lives through the ordeal, he may thank his stars and his constitution. Time out of mind our friends, the enemy, have selected their cases of typhoid upon which to experiment with all the drugs and devices that they have been able to invent."

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"If you watch the old-school journals you may read, one month:—'A new compound, a derivative of coal-tar, has been made by a German chemist. It occurs in small hexagonal crystals, and has been named *Antiphoidin.*' But when the next month appears, you may read in all their journals—'*Antiphoidin*, the new compound, is being extensively used in the treatment of typhoid. Mirks, of Vienna; Kirks, of Berlin, and Smirks, of Dublin, report excellent results.'

"But when this week has been gathered to Time's bosom, and the next has appeared on the calendar you may read:—'Mirks has lost a patient, Kirks has lost two, and Smirks has lost three. The treatment has been abandoned.'

"And that's the last that is heard of the 'new compound.'"

***

"And so it goes! Cold baths, antifebrin, antipyrine, and hosts of other *anti's* have had their day, and still the allopaths are longing for new worlds of drugs to conquer.

"Meanwhile the homœopaths, as I believe, are curing all cases that are curable, and their mortality-rate bears favorable comparison with that of the dominant school. A certain percentage of the cases, probably, will remain incurable under any method of therapeutics that man can devise. Such cases occur in those whose systems are unable to resist the force of the disease, owing to chronic alcholism, fatty heart, or other debilitating influence. In some, also, the amount of poison is so great that the system is early overwhelmed, quickly over-coming all powers of reaction. Hence, beyond a certain limit, it is probable that the record already made under the best homœopthic treatment, will never be surpassed, and future efforts must be directed to preventive, rather than to curative treatment."

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"What do I mean by preventive treatment? Why, simply preventing the poison from gaining entrance to the system. That is all that can be done, so far as I can see. It is generally conceded, I believe, that the vehicle which conveys the infection of typhoid, is drinking-water. Hence, people must drink *pure water.*"

"Will a person who drinks water containing typhoid-fever poison inevitably have an attack of the fever?"

"By no means! I have no doubt that I have, scores of times, drank such water, and yet I have remained free from the fever. Thousands, probably, have a similar experience. Cheyne, of London, as the result of some recent experiments, has come to the conclusion that if microbes of any kind are introduced into the intestinal canal, they do not enter and infect the system unless, somewhere, there is a broken surface. If this be true, it simply means that you and I may drink water containing the poison of typhoid; there is no lesion of the mucous membrane in my intestinal canal, while there is in yours. I remain well, while you have the fever."

"But, Doctor," said I, "your supposition makes me uncomfortable. Let us suppose that I remain well, while it is *you* that have the fever; what would you do?"

"I should ask one of my colleagues — one whom I knew to be a low-potency homœopathist, firm in the faith, with no hobbies or cranky notions — to see me through. I should expect him to prescribe for me, in the usual manner, rhus, bryonia, arsenicum or mercurius, according to indications; with, of course, a few other intercurrent remedies, as the symptoms might seem to demand. I should expect him to see to it that I was properly nursed and properly nourished. Then, if I recovered, I should seek to repay him after the manner of a convalescent patient—by oceans of gratitude. If I should die my family would get the benefit of the life-insurance. But I would have the satisfaction of knowing, if I knew anything, that my life was not sacrificed to a vain search after strange gods.

SELAH.

ORIGINAL ARTICLES.

HAHNEMANN'S ORGANON — A LECTURE DELIVERED TO THE CLASS OF THE CHICAGO HOMŒOPATHIC MEDICAL COLLEGE.

By LEONARD PRATT, M. D.

(Published by request of the Class.)

IN the history of the world we find that long before a new epoch is definitely initiated by the practical introduction of any valuable discovery, of any great and important truth, there has been a long period of preparation, during which the world was gradually coming into a state of receptivity. The truth itself had always existed. We see this in all departments of human life. Some leading mind — apparently especially qualified for such a work — ushers the new truth into the world, formulated in such a tangible, practical shape as to be made serviceable to the needs of humanity.

Interested parties and organizations make desperate efforts to stifle the new-born truth in every possible way which human ingenuity, inspired by self-interest and a love of what has long been dear to them, can devise. In many instances so near have its enemies succeeded (in their own estimation) that its death has been triumphantly announced. But their triumphs were short-lived. The truth starts up with new life and vigor at every opportunity. This has been the case especially with Homœopathy. It would be an interesting labor to trace the history of medicine from its commencement down to the present time, and notice the innumerable theories and hypotheses which have been adopted from time to time, and rejected after a longer or shorter trial as unworthy of confidence. But time will not permit. Homœopathy is our theme for to-day — Homœopathy as taught by the illustrious Hahnemann. When the time had come for this new therapeutic law to be revealed, Samuel Hahnemann seems to have been the one especially prepared to present it to the medical world for their acceptance.

That there was and is a necessity for a knowledge and practical recognition of some reliable law to guide the physician in his efforts to cure, is plainly shown by the writings of eminent medical men of large experience and careful observation — men who are frequently referred to as authority in medicine and leaders in their profession. Dr. Cullen, who gave us one of the best works on Materia Medica known in his day, openly confessed that the information obtained from the history of medicine was "precarious and uncertain," and that little if any improvement in medicine had been made down to his time.

Since then, stronger efforts have been made to throw light upon the thick darkness by such minds as Brown Broussais, Hoffman Boerhaave, and many others. Still the clouds remained, and darkness obscures the minds of medical men when they come to apply remedies to the cure of disease, because they know no fixed law to guide their steps. Nearly every physician of the "regular" school has some peculiar theory of his own, according to which he treats his patients, and he almost imperceptibly comes into a sort of obscure routine. Dr. Jackson, in an introductory lecture in the University of Pennsylvania, used these words: "In the regular practice of medicine the treatment of disease has too much degenerated into a blind routine, pursued in nearly every disease, however dissimilar in nature."

You see at once that this is no reliable method, and it is pernicious in its consequences and destructive to human life and therefore should be abandoned. Some years ago a noted physician of the old school published a pamphlet in Edinburgh in which he says: "What medicine wants in order to become a progressive art of healing is a fundamental principle, a ruling general law." This is what the celebrated author clearly perceived in his day. Sydenham shows that this general law can neither be a physiological nor a pathological law, but that it must necessarily be a therapeutical law — that is, a law which controls the action of remedies in their application to disease. This author further says (and he is a "regular") that "seen in her own light, this orthodox scientific medicine is sitting on a mighty eminence, and all the nations of the world are listening with reverential awe to the words of almost supernatural wisdom that distill from her academic lips. But as we see her in reality she is a deformed and sinister old woman in a very tattered black gown, standing supported by a crutch and a staff, vending her compounds in the market-place, surrounded by a crowd, who still listen attentively to her harangues, and purchase extensively her nauseous compounds. But many of the rising and not a few of the manly

adult generation, smile, significantly, as they pause for a moment in passing, for this is what the impudent old woman says: "Here are the alteratives, the anti-phlogistics, the anti-spasmodics, the anti-syphilitics, the anthelmintics, the astringents, the cathartics, the cholagogues, the corrosives, the demulcents, the emmenagogues, the emetics, the expectorants, the hypnotics, the irritants, the refrigerants, the sedatives, the sialagogues, the stimulants, the contra-stimulants, the narcotics, the tonics, at any price you please. Nerves to mend, scabbed heads to mend, kidneys to mend, livers to mend, stomachs to mend, lungs to mend — nonsense, to mend! This in view of our standard therapeutics (which is the true one) when joined to an exposition of the methods of the schools leads inevitably to the conclusion that orthodox medicine is unsound to the very core, and it is apparent to all thinking minds, to all truly scientific physicians, that no scientific or philosophic tinkering can ever (as many have supposed) make the unsound woman whole. She must sooner or later die and be removed out of the way; she can never mend, and must therefore end."

Who can but see the absolute necessity for a reliable law to guide the physician in his work of applying medicines to the cure of disease! Its necessity is seen to be still more important (that is, the self-styled "regular") when we notice the evils of the legitimate practice — its uncertainty, doubt and confusion. The illustrious Boerhaave says: "If we compare the good half a dozen true disciples of Æsculapius have done since the art began, with the evils that the immense numbers of doctors have inflicted upon mankind, we must be satisfied that it would have been infinitely better if medical men had never existed. The celebrated physiologist and eminent physician, John Hunter, writes thus concerning the virtues of medicinal agents: "Of their virtues we know nothing definitely; all we know is that some are capable of altering modes of action, others stimulating, some even irritating, and others quieting, etc.; the difficulty is to ascertain the connection of substance and virtue and apply this in restraining or altering any diseased action; and as that cannot be demonstrated *a priori*, it reduces the practice of medicine to experiment, not built upon well determined data, but from experience resulting from probable data. Diseases of the same specific nature, not only vary in their visible symptoms or actions but in many of those which are invisible, arising probably from peculiarities of constitution and causes which make effects of applications vary probably in the same proportion, and as those varieties may not be known so as to adapt the specific medicine to them, or to suit the disease to the medicine, it will then be given only, on a general principle, which may of course not correspond to the peculiarities given in the well-marked specific cases, where there is a specific remedy, we find that there are other peculiarities which counteract specific medicine." Here is a plain statement that physicians are groping in the dark while they honestly and earnestly strive to cure the sick. The perpetual fluctuations in the theories of disease and the action of remedies is also a strong proof of that dismal wilderness of doubt and error so often shown in the history of medicine. It is no wonder then that Dr. Paris of the Royal College of Physicians should say that "such fluctuations in opinion and versatility in practice should have produced in the most learned and candid observers unfavorable impressions in regard to the general efficacy of medicines." This should not astonish us, and we should withhold our indignation in view of the vast progress made in other branches of medical science by noble and persevering workers. Neither need we be surprised that a "portion of mankind arraigned physic as a fallacious art or derided it as a compound of error and fraud." They ask, and, it must be confessed, they ask with reason, what pledge can be afforded them that the boasted remedies of the present day, will not, like their predecessors, fall into disrepute and in their turn serve only as humiliating memorials of the credulity and infatuation of the physicians who commended and prescribed them." We wish Dr. Paris had been introduced to the homœopathic law of cure founded on nature and as immutable as the laws of optics, electricity, and gravitation. Dr. Hufeland, another celebrated author, says: "My opinion is that more harm than good has been done by physicians. The medical practice of our day is at best a most uncertain and unsatisfactory system; it has neither philosophy nor common sense to commend it to confidence." Dr. Good, the author of Good's Study of Medicine, affirms that "the science of medicine is a barbarous jargon, and the effects of

medicines upon the human system in the highest degree uncertain, except indeed they have already destroyed more lives than war, pestilence and famine combined." Yet even now with such evidence before their eyes learned physicians decline to stoop so low as to test the efficacy of the homœopathic law of cure! Dr. Dickson, as his experience and observation in medical matters, says: "Few people are permitted to die of disease. The regular orthodox fashion is to die of the doctor." Dr. Jamison, of Edinburgh, states that "the present practice of medicine is a reproach to the name of science." Dr. Ried fully believes that more infantile subjects are perhaps daily destroyed by the pestle and mortar, than in a day fell victims to the Herodian massacre. When you see mothers frequently pouring cordials, anodynes, soothing syrup, etc., into the stomachs of their little ones, strive to impress upon their minds the dangerous practice to which they are subjecting their little ones. Dr. James Johnson, formerly editor of the *Medical and Surgical Review*, one of the greatest representatives of what is erroneously styled "Scientific Medicine," expresses it as his opinion, founded upon long experience and extended observation, "that if there was not a single physician or apothecary or drug on the face of the earth, there would be less sickness and less mortality than now prevails." Our own Dr. Rush remarked that "we (speaking of the regular medical faculty) have done little more than to multiply diseases and increase their fatality." Is it at all strange that intelligent people lost confidence in the knowledge, judgment and skill of learned doctors? Sydenham, already mentioned, felt most keenly the perplexity and anxiety resulting from the want of a fundamental law of cure, when he observed "that epidemic diseases differ from one another like north and south, and that the remedy which would cure a patient at the beginning of a year, will kill him perhaps at the close."

This is the confession of a man of genius and truthfulness, and one entitled to our highest admiration. Reliable authority could be indefinitely quoted proving that the ordinary, or what is termed the "legitimate" practice of medicine, is full of errors, doubts, uncertainties and darkness, resulting in more evil than good to the human family.

(To be continued.)

Cervical Lacerations.

The successful treatment of this condition without sutures was quite a study to me until I thought of the following method, which has been satisfactory and may be new to some young physicians, and can be used when ladies will not submit to the usual operation for cervical lacerations, either from fear of an anæsthetic or because of manifold home duties demanding all their time.

Case.—A married lady, æt. 23, mother of one child. At his birth, three years before, was delivered with instruments. Had not been well one day since her confinement. Had suffered with frequent attacks of acute uterine congestion; cystitis, constipation, general debility, loss of appetite, insomnia, intense headaches, weakness of optic nerve, dimness of vision, etc. Examination revealed an extensive bi-lateral cervical laceration, with the usual symptoms of sub-involution, congestion and prolapse, with constant pain and tenderness. After relieving the congestion with hot water I freely evacuated the bowels and proceeded to cure the lacerations in the following manner:

After denuding the edges of the wound with pure carbolic acid, taking care to protect the vagina from the acid, I applied glycerine freely and left her for two hours. On my return I found a fresh, clean cut edged wound. The edges were approximated and held in place with cotton pledgets saturated with calendula. I left her with the instruction not to change her position for 24 hours. I then found adhesion complete, and the wound healed by first intention. She was allowed to walk carefully around the room, with no evil results. In two months the cicatrix was entirely obliterated and the cure was perfect in every respect. This case brought me six others within a month to receive similar treatment, which was just as satisfactory.—Dr. Ellen M. Maltbie, in *Minn. Medical Monthly.*

[Dr. Maltbie deserves great credit for her original and ingenious method of treating this case. A Chicago physician who has made use of the same measure since Dr. Maltbie's report appeared, says that he has had equally favorable results.—ED.]

THE COLLECTION AND FORWARDING OF URINE FOR ANALYSIS.

BY CLIFFORD MITCHELL, M. D.

CHICAGO.

MUCH of the urine sent me to examine comes in such a way that the result of the examination throws little or no light on the condition of the patient. In many cases so little is sent as to be a source of great trouble in analyzing. I refer to this in a withering manner in the "Practitioner's Guide," p. 28, as follows:

"Patients living at a distance have a provoking habit of sending a fluidrachm of urine for examination, as though it were worth a dollar a drop, and they could not afford to send more."

In the majority of cases absolutely no information is given as to the quantity in twenty-four hours, nor what particular urine *i. e.*, whether morning, noon or night, the specimen in question is. Seldom, also, is any request made me to look for any special substance, such as albumin, sugar, etc., it being taken for granted, evidently, that I know just what to look for the moment I set eyes on the specimen. The day of the uroscopist is past; the more information the analyst can obtain about many little matters comparatively simple to the patients, the more valuable will be the aid rendered to the patient and to his physician.

The following directions to those living at a distance should be carefully noted:

1. If the case is obscure or critical and a general examination of the urine, chemical and microscopical, qualitive, and *especially quantitative*, is desired, collect the urine of twenty-four hours, beginning and ending on an empty bladder. Any *clean* vessel or vessels will do for the collection, but unless strict cleanliness be observed the urine may be in a fair way to spoil before it starts. Measure the total amount passed, in fluidounces or in pints and fractions of a pint. Send the memorandum at the same time, with about a pint of the mixed urine of twenty-four hours. The bottle in which the urine is sent should be washed out with hot water and the cork sealed in after it is filled with urine, by pouring melted beeswax around it. Wrap the bottle in a sheet of cork or fluted pasteboard, pack in straw, and send by express, being particular also to give notice by mail at the same time, specifying as many particulars about the case as possible. Care should be taken in packing the bottle: not infrequently the bottle breaks in transit and the package becomes what Mr. Mantalini would allude to as "demd moist and unpleasant."

2. In very hot weather, and especially in hot damp weather, it may be advisable to add some antiseptic substance, such as chloral, four grains to every three fluidounces of urine. In case this be done, due notice of it should be forwarded the analyst, so that he can account for any curious and puzzling reactions he may obtain.

3. When it is inconvenient or impossible to collect the urine of 24 hours; in such a case send the total quantity of urine voided in the morning. Collect the urine in a bottle and seal at once as directed in 1. In the case of children or persons suffering from severe illness, various kinds of urinals will be of service in collecting the urine. Both the urine voided in the morning and that voided two or three hours after breakfast, if the latter can be obtained, should be collected, kept and sent in separate bottles. Equal parts of the two make a mixture which very fairly represents the urine of the day.

4. If the examination is to be made for albumin, as in cases of suspected cirrhosis of the kidney, *do not mix* the urine of twenty four hours. Send the urine of different micturitions in separate bottles, being especially careful to collect that urine passed after considerable exercise, as after a brisk walk.

5. If the test is to be for sugar, be sure to send the urine voided after the principal meal of the day, in a separate bottle.

6. If the sediment is to be examined the following points must be observed or the urine would much better stay at home:

(a) Note what the reaction of the urine is before the specimen leaves, and apprise the one examining the urine, of it. If urine turns blue litmus paper red it is acid in reaction; if red paper blue, alkaline; if neither, neutral.

(b) If possible it should be definitely known whether the urine is acid or not when freshly voided.

(c) If possible it should be definitely known whether the urine is clear, when freshly voided, or turbid. If turbid the patient should void into two separate vessels, one after the other, and it should be noted in which vessel the urine is more turbid. This

matter is of importance when the urine contains *pus*.

(d) If the urine is clear when freshly voided note how soon the sediment forms: whether on cooling, two or three times after cooling, or not for some hours—say 6—24. Note that in winter in a cold room a brick-dust sediment will fall which is of no chemical significance if it clear when the urine is removed to a warm room.

(e) It is usually important in cases when the sediment is to be examined to add an antiseptic to the urine before sending.

7. It may not always be possible to detect in urine coming from a long distance, *blood* or *bile*. Moreover, if the urine be alkaline when freshly voided estimations of the quantity of *urea* may not be accurate as to the total amount in twenty-four hours, for in alkaline urine the urea is decomposed gradually and converted into ammonium carbonate. It will also in alkaline urine be difficult to detect *tube casts* in an old specimen, as bacteria destroy them.

8. It should always be remembered that examination of the urine is merely a part of the diagnosis; it is a very valuable aid in many diseases; in some diseases it affords *positive* indications, but not *negative*. For example, in pyuria if we find caudate epithelium with the *microscope*, if the urine is acid in reaction and the patient complains of local pain in the region of the kidney, which sometimes passes from this point down along the ureters to the bladder, we may be reasonably certain of pyelitis. If however, we do not find these conditions we cannot positively affirm pyelitis to be absent and some other disease the cause of the trouble.

In consequence of many inquiries as to when to send urine and what information to give, I have prepared blanks to be filled out by the one sending urine from a distance. As many points as possible should be noted and the blank filled out sent along with the specimen.

BLANK TO BE FILLED OUT IN FORWARDING SPECIMEN OF URINE.

Age and sex of patient.....

Total quantity of urine in 24 hours.....

(If total quantity not known) when was specimen voided?.....

Reaction of the specimen when bottled? .....

What antiseptic added, and how much?.....

Was urine clear when voided?.....

Specify what is desired: whether—

(a) Test for albumin ( ); bile ( ); sugar ( ).

(b) Examination of sediment, chemical and microscopical, for urates ( ); phosphates ( ); pus ( ); blood ( ); calcium-oxalate ( ); uric acid ( ); tube casts ( ); epithelia( ); spermatozoa ( ); etc., etc.

(c) *Quantity* of albumin ( ); or sugar ( ); to be estimated.

(d) *Quantity* of normal constituents, as urea ( ); chlorides ( ); phosphates ( ); to be estimated.

(e) Chemical significance desired, and complete analysis wanted ( ).

Write *Yes*, or *No*, in the blank spaces included in parentheses e. g. (*Yes*).

These blanks will be forwarded to anyone on application. They are designed especially as a help to those living in remote districts where it is difficult for chemical and microscopical examinations to be carefully made, and also in obscure and critical cases where consultation by letter is made.

603 Rialto Building.

ORIFICIAL SURGERY AND ITS RELATIONS TO CHRONIC DISEASES.

By E. H. PRATT, M. D.,
CHICAGO.

THE MALE SEXUAL SYSTEM.

IN speaking of disorders of the male sexual system, let me first call your attention to the fact that the entire reproductive apparatus, in both sexes, derives its nervous supply from that general reservoir of sympathetic influence upon which we mainly rely for the performance of all the vital functions.

A waste of sexual power, as you will readily understand, must mean, therefore, a waste of sympathetic power in general, a veritable undermining of all the life-giving forces of the system.

I must enter my most earnest protest against an idea that prevails with most men, and, alas! with too many physicians, viz., that after maturity periodical discharges of semen are essential to good health. No more pernicious falsity was ever woven into the network of human beliefs. If the liver falters in its work, pathological lesions will follow. If the kidneys suspend their action, general harm invariably results. But who would be so simple as to claim that the general health of an individual could not be maintained unless at stated intervals the lachrymal glands suffused the eyes with tears? Seminal losses are, like tears, a product of emotion which it is unbecoming for anyone of dignified manhood to exhibit.

In coming to a discussion of the practical part of this question, let us consider what can be done by surgical methods, both preventive and curative. Since in most cases the condition of an organ corresponds to the condition of its outlet, so here you will find that the condition of the various orifices involved will demand your chief study. Observe the opening of the foreskin, the condition of the frænum, the tension of the meatus, the orifices of the prostatic ducts, the openings of the vasa deferentia and the os vesicæ, for these are the places to look for the beginning of mischief.

At the birth of every male child a careful examination of foreskin and frænum should be made. If steady pressure and careful handling are not sufficient to retract a foreskin, and break up its tender adhesions to the glans penis, surgical interference should render this possible.

When circumcision becomes necessary, I believe that you can improve upon the ordinary methods of operation. No foreskin should be amputated farther back than the apex of the glans penis, as the organ hangs untouched and pendant. If nature has already made the prepuce of proper length, you cannot improve upon her pattern, and no ring of tissue should be removed, even though only a pinhole os presents. If, however, she has been too generous in her supply of tissue, and the prepuce is unduly long, it may be shortened to the extent indicated.

The operation is performed by removing a narrow V-shaped piece of tissue from the dorsal surface of the prepuce, the apex of the V pointing toward the body. The section should include both skin and mucous membrane. The prepuce will thus be sufficiently liberated to permit an easy retraction beyond the corona of the glans. By carefully stitching together the parallel margins of the skin and mucous membrane, no denuded surface will be left.

If the glans penis is hypertrophied, as is sometimes the case, and the elasticity of the tissues tends to undue retraction of the prepuce, the danger of paraphymosis may be averted by putting in a single stitch which shall draw closely together the lateral margins of the prepuce. Let this stitch remain but a day or two, until the danger of active inflammation is passed and the stitched surfaces have become well adhered; then this last stitch may be removed, and occasional retraction of the prepuce, with the daily application of cold cream, should be used until all soreness and congestion have disappeared.

The special indication for cutting the frænum is its action on the glans penis with extreme retraction of the prepuce. If such action draws the apex of the glans downward, cut the frænum, as you would the frænum linguæ in a case of tongue-tie. Fine silk sutures may be employed for stitches, although the use of catgut has the advantage of avoiding the necessity for their subsequent removal, since they are soon absorbed.

The meatus urinarius will demand your attention under two conditions, viz., *stenosis*, and its opposite, *hypospadias*. In the one case a single touch with the sharp edge of a knife-blade will enlarge the orifice. In the other, denuding of the surface and careful stitching will be demanded to atone for nature's abortive effort.

ABSTRACT OF LECTURES ON PSYCHIATRY.

Delivered by Professor Dr. Jolly, at Strassburg, during the Winter Semester of 1886-'87.

REPORTED BY ALBERT B. HALE, M. D.

Lecture III.—The study of psychology is necessary as an introduction to the understanding of mental disease. Our perceptions all come from exciting causes external to us, and these stimulations lead to conceptions, a necessary distinction from feelings proper. It is erroneous to suppose that we think (i. e., form our conceptions) always in words, for we often project our conceptions externally, as is shown by muscular movements; sometimes quite instinctively and reflex, as the motions in anger, fear, passion and the like. A notion, still dependent upon the senses, may also be suggested by association, as in rhyme, alliteration, by custom, by contrast, by disposition, by likes and dislikes. If we try to avoid following the natural course of these notions, so as to give our attention to particular things, we thereby cultivate the faculties of perseverance, concentration, which leads to the struggle between desire and will, although in Nature there can be no such thing as absolute free will. As consciousness, therefore, is the result purely of sensation, we must study it through sensation, and we see that self-consciousness arises later on. Consciousness may be broken by sleep, may be dulled by a poor memory, and, as it depends on sensation, it lies every place in the nervous system; but self-consciousness, being of a more complex nature, lies in the brain.

Lecture IV—After the study of norma consciousness, we must observe the disturbances within Consciousness; and an easy example of this is found in the passage from wakefulness to sleep, or vice versa; that condition when our senses have lost their acuteness, do not respond naturally, and suggest notions and ideas that are not in accord with their simple character. In dreams we have a like example wherein our thoughts are not controlled by our educated reasons or judgments! Disturbances of consciouness may be an increase or diminution of *Pain* or of *Pleasure*. That is, a Hyperalgia, (including neuralgia simple, and a mental neuralgia, or a spontaneous increase of self-consciousness, and Analgia, Hyperhedonia and Anhedonia. Of course there are degrees of sensation, all influenced by the reaction of Feelings and Temperaments.

These Temperaments may be—Strong or Weak: those reacting quickly under each are—Choleric or Sanguine; those reacting steady under each are—Melancholic or Phlegmatic—and it is well here to note that in slowly reacting temperaments we have constipations, and a slow return to the normal, from bodily disturbances, while from temperaments reacting quickly the reverse is true.

Proceeding further, we see under disturbed Conceptions (1) Illusions and Hallucinations. An Illusion is a false interpretation of a sensation, and may result from many causes, in the sane as well as in the insane; where a noise is taken for a voice; etc.

Lecture V.—*Illusions* may happen to all the senses, more especially however to those of sight and hearing; but they must not be confounded with Deceptions of Judgment. These are physical, as when we see a woodchopper use his axe, but do not hear the sound of the fall till many seconds thereafter. In such a case our reason must be called in to correct the error.

Real Illusions are seen very often in the Insane; they mistake noises for voices, strange faces for familiar ones, they perceive pale round faces, etc., (a good plan in these cases is to examine the eyes). They interpret a touch on the skin as internal pulsations or movements, or intestinal disturbances are mistaken for foreign bodies, animals, etc.; they call neutral or foul substances, sweet tasting or smelling; in fact, all senses may give illusions.

Hallucinations on the other hand are false sensations made subjectively, without any objective basis. Dreams, for example, especially day dreams; a too vivid imagination (as in the case of many poets who did not control this faculty; Goethe and Swedenborg among the number).

The Insane, in their Hallucinations, say their thoughts are made for them, and sometimes, if not disturbed, they will talk fluently with imaginary companions, that their Hallucinations have conjured up for them. These are direct hallucinations.

Lecture VI.—Indirect or Reflex Hallucinations are of two kinds. (1) From ex-

ternal stimulation, and (2) from the same, in addition to a previous hallucination.

From (1) External Stimulation, we have such a reflex hallucination as is noticed when the ear is touched, at which the patient says he hears voices (*i. e.*, one nerve is stimulated and another responds), or when the patient hears a voice, and immediately thereafter imagines a face or a form to correspond (or vice versa).

From (2) the addition of a previous hallucination, we have as example the case where a face is seen, a whole form thereafter produced, and a voice supplied to this imagined person; or a hand may touch the patient, and he imagines that he hears a voice coming from the form to whom the hand belongs.

Analogous to Hallucinations are secondary sensations, where certain objects (colored or illuminated) are seen, these leading to tones or voices as associated perceptions.

The theories of Hallucination are complex, and have so far not been demonstrable by anatomy or physiology—as for instance, the connection between the origin of various nerves and the peripheral origin of the sensation—etc. It may be here noticed that Hallucinations of general sensation are less favorable for the prognosis than those of special sensation; but an hallucination need not be a sign of mental perversion, as many distinguished persons, Paul, Mahomed, Jeanne d' Arc, etc., have been subject to hallucinations; altho' the more the individual is influenced by them, the easier is it to say that he is approaching insanity. Pseudo-hallucinations are rather the result of an imagination so livly that the individual in time believes in the truth of his mental perceptions. Swedenborg is a classical example of this.

In *Disturbances of the Memory* we have (1) Hypermnestia and (2) Amnestia; the first but seldom, but still noticeable in cases of Mania, Hysteria. The second very common, easily seen in senility, General Paralysis, in all cases where the Memory is lost or weakened, normal enough in general; sometimes the events of youth may be remembered and manhood entirely blotted out, and as a rule, a loss of memory leads to weak-mindedness.

There may be a loss of memory for words—Amnesia, or for certain periods of existence, as in Hysteria, Epilepsy, or that singular condition of dual consciousness, in which the events of one period are totally forgotten while living in the second period.

There are *Disturbances of Regularity*,—conceptions do not follow in the regular order, are accelerated or slowed; if flowing too fast, we have mania, if too slow, often melancholia.

There is a peculiar condition of mental action called *Impulsory Conception*—where the Hallucination (or Delusion) forces itself upon the patient, who nevertheless knows and recognizes the falsity of his ideas, tho' he cannot free himself from them. A classification may be made thus;

(1.) The Question Impulse—where the patient *must* ask questions of every conceivable nature, real or metaphysical—or closely allied to the Counting Impulse,—an unavoidable desire to count, buttons, figures on the wall—people—etc., etc.

(2.) The Impulse of Doubt and Fear—an irresistible impulse to do a thing once again, (as for example to see whether we have written the correct address in a letter, or have locked the door) thro' doubt or fear that it has not been already done, altho' the individual may be nearly certain that he is giving himself unnecessary pains.

(3.) The Impulse of Anxiety—in certain places—Agaraphabia (Westphal)—particularly free or open places.

Fear of being run over by wagons, tho' a long distance off.

Fear of Men, of Women—of certain places—the fear that seizes one in high places.

Often these Impulses are associated with desires to cry and to laugh, to sing, in places unsuitable to the action, church, or lectures; indeed, these impulses are often connected with certain Movements in the Insane. And naturally, the more nervous a person is, the stronger do these impulses act on him.

Delusions, the highest form of mental perversion, false *ideational* conceptions, are abnormalities easily recognized; they are essentially ideas of error; but when once formed, prompted by the nature of the patient or the character of his disease, they may be carried out in a logical manner. Ideas of Grandeur and the like, may spring from the feelings, and so far are not always delusions, but when once the critical ability ends, judgment is lost, these ideas, as well as those founded on Hallucinations, (or those of Compulsory Conceptions) lapse into Delusions, and should be studied as such.

The many theories of delusions are too

complex and of too little value to need much attention here.

Disturbances of the Will (Desire) may be of increase or diminution—Hyperbulia—Abulia. We see it increased in Primary Mania, in the before mentioned impulses to motion, in over indulgence in Veneri et Bacchus--in such conditions as Nymphomania or other immoderate or perverted sexual desire; but these are often referable to other circumstances or conditions, tho' they may be congenital, hereditary or the result of disease. Kleptomania, Pyromania, Dipsomania, etc., are but conditions, symptoms, and we must be careful not to treat anyone as the disease itself; they indicate something else.

HINTS FROM MY NOTE-BOOK.

By H. D. CHAMPLIN, A. B., M. D.

CLEVELAND, O.

PALE anæmic children, whose digestion and assimilation are poor, rapidly recuperate under the use of Pyrophosphate of iron 3x.

In discoloration of the skin of the face, common among women with uterine disease or menstrual irregularities, give Caulophyllin 1x or 6x.

Aching in the back of pregnant women is speedily relieved by internal administration of Kali Carb. 1x or 2x.

In Bright's disease when you wish to lower blood pressure and relieve headache, asthma, and other disturbances of the nervous system, prescribe Glonoine 12x.

Patients suffering from nervous exhaustion (Neurasthenia) are relieved very soon by the use of electricity and massage.

For *early* symptons of pregnancy I have found to be reasonably reliable in my practice:

(1.) Swelling of the feet.

(2.) Pulsation of the anterior lip of the uterus.

(3.) More or less livid hue of the mucous membrane of the vagina and uterus.

(4.) The lower uterine segment becomes thinner and softer than in the non-gravid organ.

During first infancy, organic lesions are less frequently inflammatory than in the second infancy; suppuration of the tissues is less common, but more malignant.

SELECTIONS.

The Use of the Forceps.

Although the forceps is a noble instrument, it has, take it all in all, done, and is doing more mischief than good. Why? Because the physician is not cool enough when he puts the forceps on. He has too much to do, he is impatient, and puts the forceps on while the head is still inside of the womb. This is perfectly right in some cases, but not in all the cases in which it is practised. This is the way the cervix is torn. You are not always able to prevent a tear of the os. I have torn it, and have done so wittingly in a case of puerperal convulsions. In spite of the greatest care, the cervix may be torn and you are not responsible.

Now, how do tears of the perineum occur? The immense majority of the profession deliver the head all the way through with the forceps. You, as young practitioners, are not capable of doing this. The proper plan in the great number of cases is to bring the head down to the perineum with the forceps and make it bulge, and then take off the forceps and let nature deliver the case. She will do it much better than you can. It takes a man with a great deal of coolness, judgment and experience to deliver the head all the way through with the forceps. Some years ago I was invited to a neighboring city to attend a gathering of physicians. In the course of the evening, the subject of the forceps came up. I expressed the same views that I have just now. One of the gentlemen criticised my plan pretty sharply, and held that the perineum could be saved by the forceps. This is true in certain cases. Another member also opposed the method pretty strongly. Before six months had elapsed I was sent for to go to this place and sew up a perineum torn right through the sphincter, by one of these gentlemen. Before the year was up, two other gentlemen sent for me for a similar purpose. My rule, which I almost invariably follow, is to remove the forceps when the edge of the perineum begins to grow tense and looks as though it might yield.

Suppose you do meet with a laceration of the perineum, put in the stitches at once. Do not conceal the accident. If you have taken the forceps off as I have suggested, it cannot be said that the instrument was the cause of

the tear. These tears always look worse immediately after labor than they do the next day. When you are in doubt, put in a stitch. I should advise you to always carry a needle of sufficient length. Make it a rule always to examine the perineum after labor, for if you do not you will be caught some time. I shall never forget the case of a gentleman of large experience who had been tugging away at the head for a long time until he was completely demoralized. He then sent for me, and I worked until at last the head was on the perineum. When the perineum began to bulge, I handed the forceps to him, expecting that he would simply bring the head a little further and then remove the forceps. But, as often happens under such circumstances, he had become demoralized. Indeed, a French physician has written a rather exaggerated article on the delirium of physicians, in which he refers to the demoralization by long-continued wearisome work by the side of a patient, and mentions some very extreme instances. The physician to whom I have referred, at once turned the head out, and after delivering the woman went to wash his hands. I examined, and found a tear completely through the sphincter, and great was his astonishment when I called his attention to it. We sewed it up and it united perfectly. In many cases of laceration neither the physician nor the patient is aware of the injury until the bowels have been opened. The examination should always be made with the finger in the rectum and the thumb in the vagina. In this way the tear will not be overlooked. If the tear is through the sphincter, I should advise that you do not perform the operation without assistance, unless you have a trustworthy woman on whom you can rely. It is necessary to give ether.

In performing the operation, the parts should be cleansed and a sponge introduced into the vagina to prevent blood trickling down and obscuring the parts. It is not easy, especially at night, to distinguish the torn parts from the undenuded, congested structures. The sutures should, if possible, be buried. In regard to the management of the bowels, I am a little uncertain. Where the tear does not extend through the sphincter, it makes little difference whether the bowels are opened at the end of four days or at the end of a week. When the tear involves the sphincter, it is an important question whether the bowels should be kept open or bound. I have been quite successful in this operation, and I have kept the bowels bound for from eight to eleven days. I remove the stitches on the eighth day, and then wait three days longer before opening the bowels. In the evening, I employ an injection of one ounce of glycerine with one or two ounces of sweet-oil, and the following morning give a dose of castor oil. I once had the perineum torn when the bowels were opened. I have also had the sphincter torn open a little so that it was not as perfect as it should be. In my later cases, I have been using the method of opening the bowels after three full days by the use of small doses of sweet-oil, and then waiting until the end of a week before again opening.

Let me say a word with reference to supporting a perineum. My rule is to never support a perineum. The perineum is not what needs support. It is the head. The perineum is the elastic ring through which the head must come, and you want to let it religiously alone. By placing the hand upon the head, you can keep it from descending. This is aided by telling the patient to cry out when she has the pain. Suppose the head comes down and the perineum looks as though it must give way, are you justified in making lateral incisions? I think so. I do it occasionally. It at least does no harm. It can be done with a blunt-pointed bistoury during a pain, and if a stitch is put in will heal quickly.

Where the perineum is rigid, ether may be used. During a long labor, the patient becomes worn out and nervous. As a result of the nervousness the perineum becomes dry. Warm water, with plenty of vaseline, will soften it; as a French physician has said, all that is necessary is plenty of grease and more patience. Ether aids in relaxing the parts. It has also the advantage of giving you complete control over the labor. When I say ether, I mean chloroform. As soon as the patient feels the pain, a few drops of chloroform may be put on the towel, and a few whiffs obtunds the pain. Chloroform, I think, does not interfere with the secretions as much as ether does. In my opinion, chloroform is the anæsthetic to be used in labor. It may be used with the Ailis inhaler, or it may be given on a towel, precaution being taken to admit a free supply of fresh air.—Dr. Goodel in *Med. Bulletin.*

What to Ask.

A patient, a male, comes to you complaining of discomfort and pain in the pelvis, and some difficulty in making water. You reflect. The three ordinary maladies are: (1) stone in bladder; (2) enlarged prostate: and (3) stricture of the urethra. This last is all but universally the result of a by-past gonorrhœa; perhaps so long ago as almost to have been forgotten.

Your first question will be, "Is the pain increased by moving about?" Stone, as a practically foreign body, has its symptoms aggravated by movement. You await the answer, "Yes, very much." So far so good. Now for another. "Are you better or worse at nights?" Make sure about your answer; see that it is correctly given. "I am easier at nights." Again stone is indicated; for in stone the rest of bed makes the patient easier, while in enlarged prostate the pain and discomfort, and desire to get up and make water are increased at night. But there is stricture to be tried for. You ask, "Can you make water all right?" The patient says, "It hurts me very much." You answer, "We will come to that presently. Can you pass your water easily?" Now, in stone the stream is not interfered with, except occasionally, when the stone gets over the outlet and abruptly stops the outflow, while the stream is interfered with materially in stricture and enlarged prostate. "I can make water all right except it hurts me." You then ask. "Is the pain at the end of the act of making water?" He replies, "Yes, and sometimes the pain is very sharp in the end of my penis." You are by this time pretty certain about the presence of a stone. But one or two questions are still essential. "Do you 'dribble' when you make water? Are there a few drops that come away after you are done?" you ask. "No," is the reply. Now in stricture and in enlarged prostate there is "dribbling." You go on, "Do you ever see any blood in your water?" The patient does; so proceed, "Is it at the last?" In both enlarged prostate and stone the blood comes when the contracted bladder presses the enlarged prostate, or squeezes the stone against the floor of the bladder. You look at the patient; if a country person you ask, "Is the pain worse when you ride on a rough road?" The reply is, "Oh, it murders me to ride in a cart!" or words to the same effect. If a townsman, you put it thus, "Do you ever ride in an omnibus?" He answers briskly, "No, indeed, I've had to give that up long ago." For an adult, this is sufficient to justify you in concluding that the presence of stone is so probable that you are quite entitled to ask to be allowed to pass a sound.

If the patient is a boy, it may be more difficult to elicit the requisite information from him, or those with him. Pain in the end of the penis is most significant, or those with him have noticed him pull the prepuce about more than even boys usually do, and cries when he wants to make water. (Of course, in a boy, an enlarged prostate and a stricture are practically out of the question.) You ask him to "jump off a chair." If he does so without complaining of pain, it is pretty fairly certain that there is no stone.

If it hurts him to do so, be on your guard.

If the patient's answers are to the effect that movement does not make him worse — that he is worse at nights; and that he has difficulty in making water, then proceed for enlarged prostate. "You are sure you are worse at nights?" "Yes; quite sure." Then, "You have difficulty in making water? How?" "Oh, it does not run freely." You ask then, "How far in front of you can you send your water?" "Bless you, doctor, I can't get it in front of my shoes!" is the answer, or words to the same effect. Remembering that the soft bulging gland blocks the way, and the water only squeezes past the sides with difficulty, you ask, "Does it come in a stream or in drops?" "Oh, just big drops — drop by drop!" (If there is difficulty in a stricture, there is a stream, but small, with the stream twisted or forked.) You then say, "And you get up often at nights?" "I do that," is the answer. Then you ask, "Have you pain and discomfort when your bowels move?" "Yes, a good deal," is the answer. The pressure on the contents of the pelvis in the act of emptying the bowels, and so on the prostate, produces the pain. You are pretty certain now about asking the patient to permit a rectal examination, to feel if the gland is enlarged, and in passing a catheter or bougie.

You will find that the patient is often much worse from a recent drinking-bout, both with an enlarged prostate and a stricture.

Now betwixt the "enlarged prostate" and the "stricture" comes first the great question of age. The "enlarged prostate" is a disease of say, over fifty; the latter is a disease found in early life. When stricture occurs in a man

"up in years," you will usually find on questioning that "the trouble has existed a long time." When the patient is middle-aged or older, it is usually safe to ask, "Have you suffered long?" An affirmative answer helps you very much. If an elderly man, and you have asked these questions, or the patient is a young man, you ask, "You have a desire to pass your water often?" "Yes." "And you experience a good deal of pain?" "Yes." "While you are making water?" "Yes." "Not after?" "No; when I am making it." "And it takes you a long time to make water?" "A terrible long time." "Is the stream small?" "Yes." "Does it twist or is it forked?" He tells you one or the other or neither. You ask, "Do you dribble at all?" "Yes, a little," is the reply. The pain during the making water differentiates the pain of stricture from the pain of stone or enlarged prostate. In stricture it is not the scalding of a gonorrhœa, however. Then, "Do you force a good deal to get the bladder emptied?" The patient does. You are fairly certain now that you have a urethral stricture to deal with, and an examination of the canal with a catheter, or bougie is necessary to tell the nature and the extent of the obstruction.

Perhaps in no series of ailments can well-put, thoughtful questions clear the ground better than in these maladies of the genito-urinary organs. But you can neither put them properly, nor fully appreciate the significance of the answers elicited, if you do not think carefully why certain symptoms should be produced in one case and be absent in another. For instance, a man comes to you complaining that he "cannot hold his water." Now, the first idea is, that it is a case of "incontinence," that the bladder cannot hold its contents. But, in reality, the bladder is rather full than empty; it is full to overflowing. The condition is one of retention with "dribbling." You put the man down on his back and examine the lower part of the abdomen, and you detect the full bladder. You pass a catheter, and the amount of urine which comes away tells of the nature of the case. Up to fifty years of age the cause is "stricture," after that, "enlarged prostate." Therefore, when a patient complains of "constantly wetting himself," you keep on your guard. When he tells you that "his bladder will not hold his water," it is well to remark, "Perhaps it is too full." This expression will usually provoke an expression of utter incredulity. "How can that be, when my water is constantly coming from me?" Only the sight of water in the utensil can convince him on the matter.

In all diseases or disorders of the interior of the body, interrogation as to the subjective sensations of the patient will tell you much of value. But you must know what you are about; why you ask them, and what it is you desire to learn thereby, in order to put them properly, and appreciate the answers.—*J. Milner Fothergill.*

Indications for Remedies in Acute Coryza.

Aconite.—Is the chief remedy in the first stage of acute coryza where there is a chill followed by fever, with burning heat of body, face red, or one cheek red, the other pale, the nose is swollen, dry and stopped, and the stoppage changes from side to side; finally there is a thin, watery discharge from the nose.

There is tingling and burning in the nose, unquenchable thirst, and a feeling as though everything would push out of the forehead. Aconite is especially indicated if the attack was caused by exposure to cold, dry winds.

Arsenic.—Acute coryza, acrid discharge relieved by open air, burning in eyes and nose, patient is restless, but weak; distressing stoppage at bridge of the nose, thirst for sips of water.

Iodine.—Acute coryza with sneezing; discharge is burning, tendency to high fever with heavy pain in forehead, lachrymation and easy perspiration.

Allium Cepa.—This is probably the best remedy for a cold in the head. The discharge is profuse and acrid, there is smarting in the eyes and nose, the discharge from the nose is thin and flows constantly, there is prolonged sneezing, especially in a warm room, the discharge ceases in the open air, only to return upon entering a warm room again. Allium Cepa has also an abundant excretion of bland tears, although there is burning in the margins of the lids. The lips and nose are excoriated, eye balls red and sensitive to light. A sensation on coughing as though the larynx will split open is very characteristic of this drug. Allium Cepa should be given early in the attack.

Euphrasia.—Fluent bland discharge from the nose, corrosive, biting lachrymation, cheeks become sore, the tears are so profuse that the cheeks are wet all the time.

Arum Triphyllum.—Discharge of ichorous fluid from the nose, nostrils and lips sore, all secretions are acrid, pulse full and bounding.

There may be a thick, yellow, acrid discharge from both nose and eyes. Patient is thirsty, but drinking causes great pain.

Phytolacca.—This drug has a discharge from one nostril, the other being stopped. This stoppage affects both nostrils on riding in the open air.

There is a feeling in the head and eyes as though a cold were coming on.

Gelsemium.—The power of this remedy in the early stage of acute coryza is usually under-estimated. There is no remedy which will more quickly break up the beginning of a heavy cold. It has fulness in the head, hot fever, and patient is chilly, as often seen just before a cold is coming on. There is coryza (catarrhal) with sneezing; patient is dull and weak; chills run up and down the back; inclination to remain near a fire all the time.

Nux Vom.—Copious acrid coryza from obstructed nose; fluent coryza during the day, with stoppage at night.

Merc. Sol.—This is an important remedy in this connection. Its indications are: Profuse coryza, extending to the frontal sinuses, burning in the eyes, violent sneezing, acrid coryza, nostrils red and inflamed, intense frontal headache, tending to perspiration, which aggravates the patient when it comes; also aggravated at night.

Pulsatilla is useful in the last stage, when the discharge is thick, green, or yellow; loss of taste and smell; no thirst, and patient gets relief from the open air, although he is apt to be chilly.—*The Chironian.*

Aspiration of the Middle Ear.

For aspiration of the middle ear and tube of the Eustachians, the nose and mouth are held shut while a strong inspiratory effort is made. This forces or sucks the mucus or pus out of the ear and tube into the pharynx. The process may be repeated. The advantage of this method is that it is so simple that any patient can do it with ease and at any time or place.—*Am. Medical Digest.*

During the first infancy there is no absolute relation of the organic lesions and the intensity of the symptoms.

How to Syringe the Ear.

In order to syringe the ear properly, a hard rubber syringe should be used, and a thin bowl be held close under the lobe of the ear, well up into the fossa at the articulation of the lower jaw with the temporal bone. The patient himself, if he be a large child, or an adult, will hold the bowl better than an assistant. The surgeon then straightens the meatus, by gently pulling the auricle in an upward direction with one hand, while with the other he uses the syringe. It is well to allow the water first to pass into the concha of the auricle, and not immediately into the canal, in order that the patient may judge as to the temperature of the water, which should be lukewarm.

The injection of water is a potent agent in removing a foreign body from the ear. It is sufficient to move a plug of wax, which has been impacted for years and which has completely plugged up the auditory canal. How much more potent must be the stream of water, when there is sufficient space through which it may get behind a foreign body and wash it forward by the returning current. There are no cases on record where syringing, when undertaken before any other attempts have been made, failed to remove a foreign body from the ear.

Unfortunately, however, those who believe in the efficiency of the simple procedure of syringing, do not always see these cases at first. The foreign bodies are often impacted, or so situated that a stream of water cannot pass behind them. There is often, also, very great inflammation of the parts, caused, not by the foreign body, but by the attempts to remove it. If it be plain that the foreign body is not causing the severe symptoms, a little delay may be advised, until proper local treatment — the use of leeches, and the installation of warm water — has subdued the inflammatory process. If it be probable that the foreign body is wedged in upon the drum, or perhaps pushed through it into the cavity of the tympanum there is nothing to be done but to remove it at all hazards. Perhaps the best way, in case all attempts by delicate instruments introduced into the canal (which is at the same time well illuminated by a concave mirror placed on the forehead by means of a band) have failed to reach the body, will be to adopt Troltsch's suggestion, and to detach the auricle posteriorly, and thus reach the body from behind. Having thus separated the auricle

from its attachment, the membrana tympani will be thoroughly exposed, when it will be very easy to remove anything which may be upon it.—*Maryland Medical Journal.—Am. Medical Digest.*

Treatment of Chorea.

Among the remedies for chorea, I would mention as especially valuable, *Mygale lasiodora*. The symptoms given us as indicating this remedy by Dr. Houard, by whom Mygale was introduced into our materia, are the following: "Muscles of the face twitch; mouth and eyes open and close in rapid succession; cannot put the hand to the face; It is arrested midway and jerked down. Gait unsteady; legs in motion while sitting and dragged while attempting to walk. Constant motion of the whole body."

The above array of symptoms pictures a typical case of chorea. This remedy would therefore appear to be indicated in those cases of the disease in which there are no characteristic symptoms indicating any other special remedy. My attention was first called to the use of Mygale by the late Dr. McClatchey, who used it according to the above indications. In some cases its exhibition was attended with the most remarkable success, while in others the results were not so flattering. In one instance its administration cured in three weeks a chorea that had already lasted one year.

Causticum is another valuable remedy in this disease. It is indicated when the movements involve the right side of the body more than the left. The muscles of the tongue are affected so that speech is thick and words are jerked out. There is a marked paretic condition of the affected parts of the body. Causticum being a good rheumatic remedy will be all the more indicated in cases occurring in rheumatic patients.

Agaricus muscarius has been especially recommended when there is marked twitching of the eye-lids. In my hands, however, it has failed to relieve this symptom in the two or three cases in which I have given it, while Hyoscyamus was afterwards given with success. The blepharospasm in these cases was associated with marked twitching of the face. Agaricus has numerous other symptoms showing it to be a chorea remedy, e. g., spasmodic motions, from simple involuntary motions and jerks of single muscles, to a dancing of the whole body; trembling of legs and hands, soreness of spine; involuntary movements cease while asleep. The Agaricus symptoms are worse during a thunder-storm.

Cocculus indicus produced a very prompt result in a case in which the chorea occurred in a thin, scrawny girl, whose menstrual flow was dark and scanty. There was nothing especially characteristic in the nature of her movements.

Actea racemosa is to be used in cases occurring in young girls at about the age of puberty, especially when there are present symptoms indicative of disease of the genital organs.

Pulsatilla, like Actea racemosa, is suited to cases occurring in girls at puberty, the characteristic temperaments of the remedy being the most prominent symptoms indicating the drug.

Ignatia is indicated in cases in which the disease has resulted from such depressing emotions as grief, fright, etc.

Nux vomica has served me well in several chronic cases of the disorder that had for years been under old school treatment. In these cases there were present no symptoms indicating the drug, other than the one just mentioned.

Hyoscyamus will do good service where the twitchings are especially violent and jerky. It has been of especial value in my hands for local chronic movements even when they are situated in the muscles of the eyelids and face, for which condition Agaricus is more commonly used.

The above-named are the remedies I have most frequently used in the treatment of chorea.—Dr. Clarence Bartlett, in *Hahnemannian Monthly.*

Expression of the Placenta.

The comparative results of expectant treatment of the third stage of labor and manual expression of the placenta are given in the following table by Weis of Copenhagen.

CASES TREATED.	EXPECTANT Per cent.	EXPRES'N Per cent.
Post-partum hemorrhage	5.78	2.3
Manual removal of placenta	1.33	0.64
Retention of membranes	1.75	2.3
Secondary hemorrhage	0.77	0.32

—*American Medical Digest.*

Condition of the Inner Surface of the Womb After Labor.

Dr. Braxton Hicks, at a meeting of the British Medical Society, called attention to a peculiar condition of the lining membrane of the womb after delivery.

When the womb contracts, this membrane is thrown into folds, and sometimes so loosely attached to the muscular portion of the uterus as to be freely movable. If the membrane be thick and contain inflammatory nodules, it may easily be mistaken for an adherent placenta. Dr. Hicks made such a mistake once, but discovered the error before any harm was done. After reaching the placenta and making sure of it, in order to find its border he penetrated its amnial surface with his finger, and worked outward to the edge. He considers the possibility of tearing off a portion of the lining membrane of the uterus in such cases as considerable, especially as the detachment of an adherent placenta is usually attended with considerable excitement and hurry.—*Med. Abstract.*

Precautions Rendering the Opening of the Abdomen Safe.

Dr. R. S. Sutton thinks that the abdomen may be safely opened if the following precautions be observed:

1. Have the patient clean from head to foot, and the surface of the abdomen especially clean, made so by soap and water and a brush. Surround the parts with clean towels fresh from the hot iron.

2. Have your hands and forearms scrupulously cleansed with soap and water and turpentine.

3. Have your instruments clean and immersed in hot water.

4. Thoroughly etherize your patient.

5. Make an incision two inches long; before opening the peritoneum secure every bleeding vessel. Pass in two fingers and make search.

6. If you have failed to gain the desired information, withdraw your fingers, pass in a sponge, locate it directly under, below and above the wound, and enlarge the latter with a clean cut over the sponge, to a length sufficient to let in your hand. Secure all bleeding vessels, withdraw the sponge, and pass in the hand and complete the search. Through such a wound much may also be seen. *Never make a longer cut than is necessary, and make a clean cut.*

7. Before closing the abdomen cleanse the cavity thoroughly, but be gentle in your use of the sponge; if you deem it necessary, pour in a pitcher of clean warm water and wash the cavity out. Gently sponge it dry. In closing the wound, pass the sutures over a flat sponge laid beneath the wound.

8. Reject the use of carbolic acid or bichloride of mercury in your operations; they are useless *and a source of danger.* They may be useful in cleansing your hands prior to operating, *but they are to be kept out of the peritoneal sac.* Keith, Tait, Bantock, and others abroad have proved the worthlessness of carbolic acid, and I have for some time been satisfied from experience that they are right.

9. Never permit any one but the operator to pass a hand into the cavity, unless his hand has been prepared by a careful cleansing with soap and water and brush, and with turpentine or a 1.200 solution of bichloride of mercury. Even a five per cent solution of carbolic acid is not reliable for this purpose.

10. In tying the sutures, dry the lips of the wound as you go along with a bit of iodoform gauze.

With the above precautions I have opened the abdomen many times, and I have yet to see a single wound so treated fail to unite by first intention.—*Am. Lancet.*

The Most Common Causes of Lacerated Cervix.

(1) Early rupture of the membranes.
(2) Tedious first stage, ordinarily known as rigid os.
(3) Precipitate labor, with powerful pains.
(4) Forcible dilatation to hasten labor, as in puerperal eclampsia.
(5) High forceps operations.
(6) Manual delivery by version.
(7) Breech labors, with rapid extraction of the after-coming head.
(8) Ergot.
(9) In cases where the anterior lip of the cervix is caught between the head of the child and the pubic bone, and prevented from retracting simultaneously with the posterior lip.—*Exchange.*

NEW born children have but little power to resist external influences, consequently a a quarter of them die before the end of the first year.

NEWS FROM THE COLLEGES.

Philadelphia.

HAHNEMANN MEDICAL COLLEGE.

An œsophageal stricture of unusual interest was before us in a recent surgical clinic. The stricture was of fifteen years' standing; water would remain in it for half a day at a time and then run out, at the pleasure of the patient. As a demonstration, he drank a glass of water before us, then, after waiting a few minutes, bent forward, and the same quantity ran out. He disgorged it, not because it was Schuylkill water, but because it could not pass into the stomach. The only way he could force food into the stomach was by first filling the œsophagus from the stricture to the fauces, with ordinary food from the table; and then drinking and swallowing forcibly and rapidly, large quantities of some fluid, usually water. Bougies of large and small calibre were passed without any hindrance, showing that there was no organic lesion. No cause, whatever, could be assigned for this condition. The patient was young, strong, and well nourished, and suffered only from the annoyance of his peculiar method of eating; and on this account was willing to undergo an operation. But no operation was indicated; there was nothing to operate on, no stricture to cut, none to dilate; yet as soon as *food* entered the œsophagus a stricture was developed which was impervious. Allopathic and homœopathic remedies had been exhausted with no amelioration; and nothing was untried save electricity, with but little hope from this. This is by no means the first interesting case that C. M. Thomas has brought us from his office. He is having excellent success with cocaine as local anæsthetic, four per cent solution. By its use he operates for phymosis, painlessly. From a lady patient he extracted a finger-nail, around which the tissues were highly inflamed; not unlike an "ingrowing toe-nail," and so well did the cocaine do its work, that the lady looked on and joked during the operation, delighted that such an excessively painful thing could be rendered painless. Another equally successful case was that of a young lady whose third finger had, for years, been flexed upon the palm and united to it by a strong *cicatricial* web. It was doubted that the cocaine would act well in this form of tissue; but the effect was good and the finger given its power and freedom of extension.

Prof. Dudley says he has often established respiration in the newly-born babe by breathing upon it from the feet upward.

Prof. Mitchell warns us not to be deceived by the absence of shock in lacerated perineum; for it may occur without the patient being in the least conscious of it. He says retroflexion that produces miscarriages may often be treated by pulling the cervix well down and passing the finger up behind the fundus and lifting it above the promontory of the sacrum.

It is sometimes of the utmost importance to determine whether or not a woman can give birth to a full-grown child. It might not be amiss to remind some of the many recently made doctors, that such a determination is reached by the following plan, which is given in a rough way:

With a large pair of calipers (carpenter's, if you will) measure transversely, first, from the anterior superior spine of the ileum to its fellow, which should give a measurement of ten and one-half inches. Next from the outer and upper crest of one ileum to a corresponding point on opposite side, which should be eleven and one-half inches. Then, from the fossa below the base of last lumbar vertebra to symphysis pubis, which naturally is five inches. If the measurements exceed these, very good; but, if less, the prognosis, as regards normal births to normal children, is very bad. Dr. Mitchell further says: "Never make the mistake as has been done, of deciding this matter by passing the finger into the vagina; for unless the pelvis be markedly deformed you can tell nothing about it; as well try to measure this room, for a carpet, by passing the hand in through the door and wriggling it around!"

Another good result from Argentum nitricum, in flatulent dyspepsia, was shown us by Prof. Goodno in his medical clinics. The man had been constipated for thirty years, had tried all schools and physicians without number. Would go for weeks without a stool unless cathartics were resorted to. Had eructation and distended abdomen, etc. Argentum nitricum, low, was given and in a week the man returned, reporting a normal stool every day, the first he had known for years. We, too, are using the Paul stethoscope. Prof. Goodno employs it and recommends it as the most valuable instrument now before the

profession, and we can easily believe it, and were the spirit of the immortal Laennec doomed for a time to quit the pale nations of the dead and walk the earth, the wrath of the gods might well be appeased, now; for the greater the improvement in this branch of science, the higher the tributes paid to the father of physical diagnosis.

Term closed Saturday, March 26th.

Minneapolis.

HOMŒOPATHIC COLLEGE.

Many gastric troubles have their origin in the brain, and may be successfully treated with nerve remedies.—Prof. Spalding.

I find Ipecac and China, in frequent alternation, very reliable remedies for hæmoptysis, and for post-partum hemorrhage.—Prof. Ripley.

Do not be hasty or violent in your efforts to remove foreign bodies from the ear, as they may often remain a long time without causing serious trouble.

I once removed a cherry-stone from each ear of a young man who placed them there in childhood, and had quite forgotten them.

Hydrogen peroxide is one of the best cleansing agents for the internal ear, and may be used in any strength.—Prof. Beaumont.

I do not believe there is any radical cure for true cancer of the uterus.—Prof. Higbee.

I have good evidence that syphilis and gonorrhea may exist at one time in the same patient, though authorities say otherwise.

For the treatment of syphilis authors mention Hepar, Staph., Lach., Silesia, Ars., &c. I do not believe these remedies have *any effect whatever* upon the specific poison of syphilis. Were I to write a book on syphilis, about the only remedies I would recommend are the Mercuries, Nit. Ac., Kali. Bi., Kali. Iod., Aurum.

Kali Iod. may be given in 5 or 10 grain doses if necessary. In tertiary syphilis, with necrosis of facial bones, give Aurum Met.

Dust syphilis sores with Merc. Dulc. 2 x or 3 x and give same remedy internally in 3rd to 30th potency, or even higher if indicated.

Mercurialized patients should be put upon Nit. Ac. Give Cinnabaris for neuralgic pains about the eyes, Thuja and Staph., for fig warts.

During the late rebellion, Prof. Goodwin, then an army surgeon, made a record of over 200 cases of syphilis which he treated homœopathically. Of this number less than a half dozen were discharged for disability. In the worst case most of the hard palate had been destroyed, but the patient recovered and is alive and well to day.—Prof. Matchan.

At the hospital clinic, Prof. Beaumont recently performed irridectomy, with excellent results.

On the evening of March 11th, Prof Higbee entertained the students at his residence, and we had just what was anticipated — a very enjoyable time.

Prof. W. E. Leonard has been disabled several days from the poisonous effects of Anacardium tinct., accidentally spilled upon his hands.

MEETING OF ALUMNI.

The annual meeting of the Alumni Association of the Chicago Homœopathic Medical College was held at the Grand Pacific Hotel, Chicago, Feb. 23rd, 1887.

The following officers were elected for the ensuing year: President, W. F. Knoll, M. D., of Chicago; Vice-President, H. W. Danforth, M. D., of Milwaukee, Wis.; Secretary, W. M. Stearns, M. D., of Chicago; Treasurer, S. N. Schneider, M. D., of Chicago.

The Executive Board has in preparation a series of meetings for next fall and winter, where papers will be presented for discussion and addresses given by prominent men in the profession.

W. M. STEARNS, M. D., *Secretary.*

AT a meeting of a committee of citizens of Boston, it was decided to make systematic effort to raise funds to lift the mortgage on the property of the Boston University School of Medicine. This mortgage amounts to $35,000, and the interest, at five per cent per annum, amounts to seventeen hundred and fifty dollars. Relieved of this burden the school would be one of the most flourishing, as it is one of the best, in the country. There are many people of wealth, who, in making disposition of their fortunes, could not devote money to a more worthy purpose. Those who have enjoyed the benefits of homœopathy are the ones to respond. Homœopathic physicians can aid in the work by bringing the matter to the attention of their wealthy patrons. Donations should be sent to Spencer W. Richardson, Esq., 40 Water St., Boston, Mass.

CLINICAL NOTES.

For fissure of the tongue the best local application consists of a mixture of a half ounce each of glycerine and water, with one drachm of Paypayotin.

The disagreeable odors which cling to the hands after handling cases of suppurating cancer, retained placenta, and the like, may be best removed by washing in a solution of hyposulphite of soda.

Alteration of the features by paralysis, successively of the eyelids, the nose, and muscles of the face, with or without strabismus, indicates an affection of the brain, sometimes only of the facial nerve.

In the acute form of urticaria instantaneous relief may be obtained by the use of a very hot bath followed by the topical application of *Chloral hydrate*, ʒ j, mixed with *glycerine*, ʒ j, merely smeared over the affected part.—Dr. E. T. Blake, in *Monthly Hom. Review.*

When the anterior lip is incarcerated between the descending occiput and the pubic walls, and prevented from retracting simultaneously with the posterior lip, push the head back between pains, and with the ends of two fingers introduced, slip the lip up over the occiput.—*Dr. Frederick.*

The severest injuries of the parturient canal are associated with the application of forceps, owing to the circumference of the head being increased by the forceps, to the acceleration of the exit of the head, to the edges of the blades where they are unsymmetrically applied to the head, to the increased relative displacement of the vaginal walls, and to the normal mechanism of delivery being interfered with. The injuries usually affect the same parts as those associated with spontaneous labor, but are more severe.—*Ec. Medical Journal.*

Mastitis.—I have seen a hot, heavy, inflamed breast, with redness of skin, throbbing with deep-seated pain, and pulse of 120 disappear in a few hours under the following treatment: Dissolve one ounce of carbonate of ammonia in a pint of boiling water: when solution is effected the heat will be scarcely too high for fomentation with woolen cloths dipped in the liquid. This must be assiduously applied for half an hour at least, and repeated two or three hours later, as necessary. Relief is immediate, and more than three applications are seldom needed. The nipples may be protected, but I have never seen them injured by the application even when unshielded.—Dr. Maill in *Brit. Med. Jour.*

A tape-worm has a small head, with a long and comparatively large body, composed of joints nearly independent, which, when mature, separate (are not broken), and are discharged with the ova. The head anchors the worm, but does not materially nourish it, which is done by absorption by the joints themselves. Now, give the remedy to the patient fasting, and it is rapidly absorbed, and the man, not the worm, gets the effect of the vermifuge. If you give the remedy an hour or two after a full meal, just as the food is passing from the stomach, it is not so liable to be injured by digestion, but passes with the digested food along the length of the intestines, and the worm is bathed with it from stem to stern and gets its full effect. This is my experience.—Dr. Bennett, in *New England Medical Monthly.*

Supra-Pubic Lithotomy.—1. In the supra-pubic operation there are no important structures lying in the line of the incision, or sufficiently near to be rendered liable to injury either by the knife or the forceps. 2. The space for removing a large stone above the pubes is practically unlimited. 3. There is little or no danger from hemorrhage. 4. The incision is simpler, and the whole operation less difficult and dangerous. 5. During the after-treatment the urine leaves the supra-pubic wound more directly, and therefore more safely than it does by the long and lacerated opening made in the lateral operation. 6. Antiseptic dressings can be employed in the former, which are not available in the latter. 7. In the supra pubic operation it is impossible to cut the rectum, to inflict injury on the sexual organs, or to make a urethro-rectal or a perineal fistula.

COLLEGE COMMENCEMENTS.

PULTE MEDICAL COLLEGE.

The fifteenth annual Commencement of Pulte Medical College took place in Smith and Nixon's hall on the evening of March 2nd.

Prof. J. D. Buck, Dean, made the faculty address. Prof. O. W. Lounsbury presented the faculty prize. H. A. Ward gave the valedictory address, followed by the conferring of degrees by Judge C. D. Robertson.

Thos. M. Stewart received the gold medal, while R. L. McCormick, W. E. Waddell, J. M. Patterson, D. C. McTaggart and H. A. Ward attained an average above 97 per cent.

Twenty-five per cent of the class were "plucked," and twenty-five per cent rose to the "honor-grade."

A list of the graduates is appended:

J. W. Baker,	Jonas Ely,
A. H. Schonger,	W. E. Waddell,
Chas. T. Haines,	J.M. Patterson,
H. A. Ward,	C. H. Wilson,
Thos. M. Stewart,	J. B. Holcomb,
J. E. Bayliff,	J. H. Light,
R. L. McCormick,	W. W. Routh,
A. J. Brill,	Isaac Bentley,
Frank H. Hoyt,	D. C. McTaggart.
W. S. Hubbard,	

The alumni meeting was held the preceding evening, when the following were elected for the coming year:

President, Prof. A. L. McCormick.

Secretary, Thos. M. Stewart.

Orator for the next meeting, H. A. Ward.

St. Louis.

HOMŒOPATHIC MEDICAL COLLEGE.

The annual college Commencement was held on the 17th.

Instead of the usual valedictory address, three ten minute speeches were given upon the evolution of homœopathy. The first, "Chaos" was presented by Prof. Foulon; the second, "Order," by Prof. Schott; the third, "Fruition," by Prof. Edmonds.

The first prize — the faculty prize for general excellence — was awarded to C. S. Durand, of Sedalia, Mo., he having made the highest general average on examinations ever made in the history of the college.

The Miller prize, for best examination in the philosophy of homœopathy as taught in the Organon, was awarded to T. J. Crowe, of Austin, Texas, as was also the Kershaw silver medal for excellence in diseases of the brain and nervous system.

The Luyties prize, a bust of Hahnemann, was given to Mrs. H. W. Andrews, of Minnesota, for excellence in Materia Medica.

The Bockstruck prize in obstetrics, a pair of forceps, was given to Mrs. H. P. Phillips, of St. Louis.

The class this year passed the best examination of any class that has ever graduated from this college. There were none who failed to "pass."

The college with its new building, excellent faculty and intelligent and energetic class, has done better work this year than ever before.

ANNOUNCEMENTS.

The twenty-third annual meeting of the Homœopathic Medical Society of the State of Ohio will be held in Cleveland, May 10 and 11, 1887. A cordial invitation is extended to the profession generally to attend.

Brooklyn Homœopathic Hospital. — The positions of Resident Physician, Assistant Resident Physician, and Ambulance Surgeon in the House Staff of the Brooklyn Homœopathic Hospital will be vacant April 1st. Applications may be sent to Chas. L. Bonnell, M. D., 3 Hanson Place, Brooklyn, N. Y.

Columbiana, O., March 18th, 1887.

The next session of the Eastern Ohio Hom. Med. Society will be held in the city of Akron, on Wednesday, April 20th, beginning at 10 A. M.

ASSIGNMENTS:

Meningitis, Drs. Stepfield and Gann; Conjunctivitis, Drs. Viets and Sherwood; Constipation, Drs. H. J. Smith, Cushing, and Rockwell; Management of the New Born; Dr. Kurt; Management of the mother after confinement, Drs. Whetmore and Johnson.

A. S. Hayden, M. D., Secretary.

The Fourth Annual session of the Texas Homœopathic Medical Association will be held at Fort Worth, Texas, May 3 and 4, 1887.

Officers for 1887.

President, W. F. Thatcher, M. D. Paris; First Vice President, J. R. Pollock, M. D.,

Fort Worth; Second Vice President, F. Hines, M. D., Corsicana; Secretary *pro tem*, C. E. Fisher, M. D., Austin; Treasurer, T. H. Bragg, M. D., Austin.

LEGISLATIVE COMMITTEE.

W. F. Thatcher, M. D., Ex-Officio, C. E. Fisher, M. D., M. Slocum, M. D., T. H. Bragg, M. D., J. Jones, M. D.

The Homœopathic Medical Society of Kentucky will meet at Lexington May 4th, 1887. President, Dr. J. A. Lucy, Georgetown; Vice-president, Dr. George M. Ockford, Lexington; Recording Secretary, Dr. S. M. Worthington, Versailles; Corresponding Secretary, Dr. C. P. Meredith, Eminence; Treasurer, Dr. J. A. Van Sant, Mt. Sterling; Board of Censors, Drs. A. L. Monroe, Louisville; H. C. Kasselman, Midway; O. H. Buck, Paris; Auditors, Drs. J. T. Van Sant, Paris; H. C. Kehoe, Cynthiana; W. M. Daugherty, Corinth.

A delegation of physicians from Chicago expects to be present, and many from Cincinnati will also attend.

CORRESPONDENCE.

Dispensaries and Young Doctors.

Chicago, Mar. 25, 1887.

Editors of the Medical Era:

I attended the Alumni Banquet of my *alma mater* some time since, and enjoyed the entire programme very much. There was, however, a statement made by Dr. W. F. Knoll to which I wish, in all friendship, to call attention. He said: "We did last year, all told, about one hundred thousand dollars' worth of charity work at the Dispensary." The Dispensary of which Dr. Knoll is Superintendent is one of the many of those institutions in this city, and basing an estimate on his figures, it is plain that the aggregate amount done under the name of "charity" is a very large one.

No one is so selfish as to find fault with the legitimate work done by a Dispensary, but it must be apparent to every one that great abuses have grown up — abuses that need correction.

It is needless to say, of course, that every dollar's worth of work done by a Dispensary staff is that much out of the pocket of some physician, almost of necessity a young one, who needs it; and that every time a patient in good circumstances accepts such attendance, a great injustice is done the profession at large. It is a waste of words to repeat that the profession heartily endorses abundant clinical instruction, and are in earnest sympathy with every act of true charity. But when men owning business blocks — men abundantly able to pay — go to a dispensary surgeon to have tumors excised, an earnest protest against the injustice is in order. Women supporting costly furs and handsome jewels are equally out of place in a free dispensary. I have in mind at present a lady worth thousands of dollars, who went to a certain old-school dispensary to have some tonsils removed.

Another instance, name and date at hand, is where a merchant in fine business standing, able to pay a good round fee for it, went to another charitable institution to have a fatty tumor cut out. The further citation of individual cases is unnecessary. All of us know that thousands of such cases are on record. One in authority tells me that *two-thirds* of all who present themselves to a dispensary for charitable (?) aid are people in well-to-do circumstances!

These impositions are simply murderous to young men, and by no means devoid of evil for the older ones. Numbers of doctors have frankly confessed to me that dispensaries were robbing them of their daily bread, but that they saw no way to correct the evil. Granted that there is an abuse, there is certainly a remedy for it. It is the testimony of reliable observers that after the close of clinical lectures the number of those applying for gratuitous services always increases. Why? A commendable modesty prevents many from going before a class, and, the class being away, the obstacle is no longer present. A real medicant cares nothing for the presence of a curious class, but it is a strain on the nerves of women who move in the upper circles of society to be gazed at by a public assemblage of students.

So far as a remedy goes, I would suggest that a certificate be required, signed by some reliable party or parties, declaring that the bearer is really an object of charity. It is always or nearly always, possible for a deserving family to secure the commendation of some minister or other person known by the dispensary authorities to be truthful and reliable. This subject demands further attention.

C. M. Koier, M. D.

A Clairvoyant Doctor.

A corrrespondent in Michigan sends us a unique letter, which is worthy of preservation as a curiosity in spelling, as well as for other reasons.

Editors of Medical Era:—I enclose a specimen letter from "Dr. White," of Ann Arbor. If you care to publish it in the Era you are at liberty to do so. This letter is a professional opinion given on simply knowing the name, age, color of hair and eyes of the patient. You will notice that there is nothing definite in the letter. The patient did not know but what it was mostly true. She knew that she did *not* have cold feet. She was no better after a month's treatment, when I was called to attend the case. The medicines given by this celebrated doctor were the same as he prescribes for every case so far as I know. There are always four kinds,—a bottle of "Pain Killer" with a label guaranteeing to cure cholera infantum, chill-blains and other ailments; a pint bottle of medicine, apparently a tonic; "liver powders" to be taken at night and something in capsules to be taken, when there was a chance, between the other doses.

This doctor has many dupes in this vicinity, treating some cases to the day of their death.

My object in wishing to bring this before the profession is to combat the prevalent belief that these clairvoyant doctors can tell one all of their symptoms as well or better than themselves. They tell nothing definite unless it is first drawn out from patients or friends.

Very truly, H. W.

Ann Arbor, Mich., Jan 15 1887

Miss Sarah G——

Respected Madam yours received wishing for an Examination Which I see you have taken cold in time Past setling upon the different Organs, in the system the Stomach is weak and Digesting not very good as the food dont Digest good so as to give strength and vitality to the Blood as the Blood is to thin and cold and not circulating through the system good as thair is to much rush of Blood to the uper part of the Body and to the Head as thair is to much heat to the Head and not quite freenough circulation through the lungs yet thair is no Seated Disease of the Lungs thair is a light irregular Pulsation of the Heart the Liver is inactive and not Secreating the Bile leves the Bowels irregular and the system to Bilious the Back is weak and to much irritation at the time of Monthly Sickness with a Bareing down a crost the lower part of the Bowels caused frome Female weakness feet cold with a languid tired feeling feeling nurvous with a lack of vitality in the Blood you can be helped and if you Should wish me to Send medicine it will cost you $3.00 three Dolars which is a months Treatment

yours Truly

Dr L D White

A CARD.

Not wishing to be placed in a false light before my colleagues, I take this method of making known to them the fact that a certain Francis Osbaldeston, "Masseur," has included my name in his list of patrons without my knowledge or authority.

I have no sympathy with any one who attempts to build himself up by casting slurs upon others engaged in his line of business, as he does in a circular recently issued. He intimates that others are "impostors," "frauds and charlatans," and speaks of their methods as "clumsy rubbing and pinching and the grotesque twisting and pulling of joints." Worse than this he speaks of "some women" as being "impostors and adventuresses, without skill in the art of medical manipulation, who employ its name merely to cloak practices of immorality and not infrequently schemes of blackmail."

There are many worthy women in Chicago engaged in the practice of massage, and no man who uses such language as this, leaving the reader to make his own application, is worthy the confidence or support of the profession. No gentleman would do such a thing. If this fellow cannot command patronage on his own merits, he does not deserve it after having been so brutal as to slander, by imputation, many women of our city who are gaining an honest and honorable livelihood in the practice of their profession.

Three years ago I received one treatment at his hands, but was so little satisfied with it, and so disgusted with his arrogant pretensions, that I never recommended a patient to him, and have never seen him since. Hence his claim that I am "one of many physicians patronizing" him is false.

Chas. Gatchell.

Chicago, April 1st, 1887.

MISCELLANY.

New Subscribers for 1887. *All those whose subscriptions began Jan. 1st. are expected to remit on receipt of this number of the journal. Do not wait for a bill. Send the money, and a receipt will be returned.*

St. Paul will have a homœopathic hospital this year. A site, to cost $10,000 has already been selected, and the erection of the building will begin in the spring.

In the February number of one of our exchanges, on pages 60 and 61, we find *seven* different extracts from articles in the Era, and not a single credit given!

An exchange heads an editorial — "Should Preachers Pray?" We were about to telegraph our answer in the affirmative when we discovered that the printer put the "r" in the last word by mistake.

I have heard physicians whose labor-cases run up into the hundreds, avow that they never had a lacerated perineum. Why? Because they never looked for it.—Dr. Frederick, in *Buffalo Medical and Surgical Journal.*

The average mortality from all causes, within the puerperal month, from allopathic treatment, is one per cent, or 10 per 1,000. Our statistics prove beyond question that our mortality does not reach one-fifth of one per cent, or 2 per 1,000.—*H. N. Guernsey.*

In the stage of acute inflammation of gonorrhœa the blandest and most soothing injections must be employed, and after this stage is passed there is probably nothing better than sulphate of zinc, in the proportion of two grains to the ounce of water.—*Phys. and Surg. Journal.*

In the teaching of our materia medica, the ideal aim of homœopathy is confounded with the reality. The ideal object of homœopathy is perfection—infallibility. The reality, left without proper comment, confuses and disappoints not only the beginner but many others.—*C. Wesselhœft.*

It has been demonstrated that platinum wire may be drawn so fine as to be invisible to the naked eye, although its presence upon a perfectly white card can be detected by the touch, and can be seen by the aid of a small magnifying glass when the card is held in such a position that the wire casts a shadow.

"No student of materia medica will doubt the usefulness even of bitch's milk after reading this monograph."—*Minnesota Medical Monthly.*

To which we say: T—t d——s! W–o a–e s——ts of m——a m——a, a———w? S——k f-r y———f, a–d l–t o——s do l———e.

Regarding the question of *dose*, among the most prominent of our school, I may say that they have always been conservative. Low attenuations and "rational homœopathy" is the only practice that has ever had much status, or has succeeded in the long run, in St. Louis.—T. G. Comstock, in *N. A. J. Homœopathy.*

A ready way to remove the bottom of a bottle is to file a groove, with a three-cornered file wet with turpentine, deep enough to hold in place a piece of strong twine. The twine is then drawn two and fro until the glass becomes hot. If now the bottle be immersed in cold water, the bottom separates along the filed groove.

We are at the commencement of a new era in medicine. The old was one of dirt or rot; the new is one in which cleanliness is the first commandment. I recall the days in which the sick "smelled to high heaven;" and whether the case was medical, surgical, or obstetrical, to stink was the rule; to be free from bad odors the exception.—*Scudder.*

At a recent meeting of the British Homœopathic Society, Dr. Hughes told of a new method of cure. Iodine was freely administered to a patient who had a large internal tumor. At the *post mortem* — which became necessary in due time — it was found that the tumor was gone, though the patient was dead. The attending physician claimed that the patient "died cured."

In these days of 'scopes and 'meters, *thinking* in the profession is well-nigh dead. One sees no end of percussing and auscultating; the faintest murmurs, sounds, tinkles, *rales* and *bruits* are well known, and learnedly discoursed of, but what of the curing? Bacilli. Yes, but what went on before bacil-

lary life became possible? and how are bacilli to thrive unless the soil be, for them, of the right kind?—*Dr. J. Compton Burnett.*

A CASE of chloroform death occurred in Philadelphia two weeks ago in the practice of Dr. William H. Pancoast. The anæsthetic was administered to a man aged thirty for the purpose of having adhesions of the finger tendons of the hand broken up. The usual remedies were applied without avail. The autopsy revealed the kidneys much diseased and an unusually fatty liver and heart, and a thin right ventricle.—*Maryland Medical Journal.*

DURING the past winter the treatment of typhoid fever in the Cincinnati Hospital has changed somewhat. Last winter antipyrine in large doses was repeatedly administered. Now the stereotyped treatment is five grains quinine and one-half ounce whisky three times per day. According to the latter method of treatment the patients have a better chance for life, which is due more to the lack of violent measures than the value of the new treatment.—*Eclec. Med. Journal.*

IN Great Britain one-fourth of all deaths are due to pulmonary consumption; in Paris, one-fifth; in Vienna, one-sixth. In our own country, as Dr. Edmund Andrews has pointed out, the disease diminishes as we recede from the sea. For instance, the deaths in Massachusetts are 25 per cent; New York, 20 per cent; Ohio, 16 per cent; Indiana, 14 per cent; Illinois, 11 per cent; Missouri, 9 per cent; Kansas, 8 per cent; Colorado, the same; Utah, 6 per cent; while on the Pacific slope it again advances to 14 per cent.—Dr. Gilman, in *The Clinique.*

THE scientific-social idea should dominate in society proceedings; and the reading of papers should merely be to open discussion, to draw out fresh thought, where it may at once be met by concurrent or counter thought, to the end that truth and improved methods may appear. It should include reports and brief essays of general interest, calculated to call out observations and experiences of busy, thoughtful practitioners who never write books, and seldom contribute to the pages of a journal.—*Dr. Dake.*

JUDGE C. C. FULLER, of Mecosta county, in the case of State of Michigan *vs.* Vanimmans, decided when a physician refused to testify on the ground that the evidence would be expert evidence:—"After many years' study and observation, I decide that a physician's knowledge is his stock in trade, his capital, and we have no more right to take it without extra compensation than we have to take from a grocery, without pay, provisions to feed the jury. The court rules that the witness is not compelled to testify."

THE cure of disease by "suggestion" is now attracting much attention on the Continent. It is a variety of cure by mesmerism, which has long been known. The patient is put into the third stage of mesmeric sleep (or "hypnotised," as it is now the fashion to call it), and when in this stage, the stage of somnambulism, it is suggested by the mesmeriser to the patient that the disease from which he is suffering is, or will be, cured. When he awakes the impression is not effaced, and the patient is cured. — *Homœopathic World.*

COCAINE.—Dr. Mattison, of Brooklyn, in the *Medical Register*, thus summarizes his observations on the use of cocaine.

Cocaine can be toxic, sometimes fatal, in large doses.

It may give rise to dangerous, or even fatal symptoms, in doses usually deemed safe.

The danger, near and remote, is greatest when given hypodermically.

It may produce a diseased condition — in which the will is prostrate and the patient powerless — a true toxic neurosis, more marked and less hopeful than that from alcohol or opium.

HAHNEMANN and his pupils pretended that homœopathy was the *whole* of therapeutics. This is a complete misconception of the case — homœopathy is but a *part* of therapeutics; this is a truth which has cost us many execrations from men in our own ranks, but is now held to be indisputable. The fact is, homœopathy cannot take the place of *palliative* medication; nor of *surgical* medication; nor of *antidotal* medication in cases of poisoning; nor of *parasiticide* medication, wherever clearly demanded; nor of medication by *mineral waters*, which often cures where other modes of treatment fail; nor of *hydrotherapeutic* medication; nor of medication by electricity; nor even altogether of *empirical*

medication Homœopathy is not everything, and liberal medicine must include all collateral modes of treatment.—*Jousset.*

The twenty-eighth annual commencement exercises of the Homœopathic Medical College of Missouri were held at Pickwick Hall, St. Louis, Thursday evening, March 17th. Prof. C. W. Spalding, President, conferred the degrees, and Prof. J. A. Campbell presented the prizes. Ten minute speeches were made by Profs. Foulon, Schott, and Edmonds.

Dr. Waxham, of Chicago, has performed intubation of the larynx in 96 cases, with 29 recoveries and 67 deaths. But of the 67 fatal cases, 20 were moribund when the tube was introduced, many of them were entirely unconscious, and 40 were bad cases of diphtheria characterized by exudation on the pharynx and trachea and severe constitutional symptoms. In every case the tube was introduced to prevent impending suffocation.

My preserved notes of the lectures of such men as Small and Williamson — men at the time standing at the very head of the school — declare in favor of the attenuation of remedies, and the giving of such dose or doses as the age, temperament and circumstances appear to demand. There was no attempt to dictate or decide in favor of single remedies, nor the doses in which they should be prescribed.—Dr. Asa S. Couch, in *Phys. and Surg. Investigator.*

Thirty-two years ago, when I attended lectures in the Homœopathic Medical College of Pennsylvania — the best, and, at the time, the only college of its kind, but one, in the world — I heard nothing about the "single remedy" and the minimum dose. But many years have passed away; colleges and graduates have multiplied, and, finally, came the "Hahnemannians" and "Internationals," with their creeds and the declaration — "He that is not for us is against us; let him be anathema!"—*Dr. Asa S. Couch.*

A newspaper in Illinois recently brought suit against forty-three men who would not pay their subscriptions, and obtained judgment in each for the full amount of the claim. Of these, twenty-eight men made affidavit that they owned no more property than the law allowed them, thus preventing attachments. Then they, under the decision of the Supreme Court, were arrested for petty larceny, and bound over in the sum of $300 each. All but six gave bonds, while six went to jail. The postal law makes it larceny to take a newspaper and refuse to pay for it.

The Medical Standard, in reviewing Brunton's recent work on therapeutics, sixty per cent of which is known to be from homœopathic sources, says:

> The therapeutic nihilism of the past decade has been rapidly succeeded by therapeutic positivism, and the extensive publication of works on therapeutics in the broadest sense of the term. This new therapeutic positivism is decidedly more scientific and philosophical than that of the epoch precedent to the era of nihilism just closed.

Did ever homœopathy receive a higher tribute? "Decidedly more scientific and philosophical!" "Therapeutic positivism!" We have something to be proud of, after all.

The average weight of the human brain at full maturity is forty-seven ounces in man and forty-three in woman. It is absolutely greater in man than in any other animal, except the elephant and the whale. The average weight of the brain of Englishmen is forty-nine ounces; of Frenchmen, forty-five ounces; of Dutch, Italians, Swedes and Lapps, also about forty-nine ounces; while the brains of Germans are slightly heavier. Among Hindoos and other Indian races the weight is from forty-one to forty-four ounces. Those of Chinamen are somewhat heavier. In Africa it is forty-three and in America forty-six.

Pasteur.—Under date of March 3, 1887, Dr. Hamilton Osgood publishes in a prominent Boston paper an article from which we make the following extract:—"When I visited Pasteur, so far as could be seen by close scrutiny of methods and animals — a scrutiny freely acceded and extending over several days — all that Pasteur asserted was apparently true; and he has won not only the majority of the scientific men of France, but conservative England, through a commission which visited Pasteur and examined his methods. The English commission has given him a vote of confidence. The secretary of this commission, Mr. Victor Horsley, during the past six months has given the subject very close study by repeating the Pasteur

methods on animals. He has just communicated to me his final and full belief in the preventive treatment of rabies."

A lady visiting some friends neglected to bring her tooth-powder. Looking about her bed-chamber, she noticed an elegant vase. On removing the cover she found a grayish, calcareous powder. This she regarded as a dentifrice, and proceeded to avail herself of the discovery, finding it very satisfactory. The next day she mentioned the fact to her hostess, apologizing for making free with her tooth-powder. The countenances of the family expressed various emotions, which at length found vent in the gasp of one of the daughters: "Why, that's aunty!"—*Am. Lancet.*

The honest members of an honorable profession, and fortunately they are largely in the majority,—the reputable pharmacists, owe it to themselves to expose those who substitute, and drive them from the trade. In doing so they should have the aid and countenance of every physician. In the meantime, let every physician not content himself with shunning the shops of those whom he detects in the nefarious habit of substitution, but boldly denounce them and warn his patients against carrying prescriptions to them. Concerted action of this sort will soon purge the trade of the offending members.—*St. Louis M. and S. Journal.*

Our good friend, Dr. Dake, writes to us from Nashville, Tenessee, *apropos* of "The Revolution in Medicine," which he thinks will help on the work of the League:—

"I little dreamed, when we were talking over the condition and needs of Homœopathy in your country, that one year would see the 'Appeal to the People' so strongly under way. The old saying, 'Providence helps those who help themselves,' is verified anew. The correspondence of Dr. Dudgeon with Macmillan and Brunton — that in the *English Mechanic* by yourself and others — and now the contest in the Hospital for Consumptives, to oust the converts to Homœopathy, all have followed quickly on the resolution made by Dudgeon, Dyce Brown, and yourself to vindicate the claims of Homœopathy before the people. I have been delighted with the progress of the appeal, and the evident signs of the good revolution. In the *World* and *Review* I see, from month to month, what is going on in your country — and am pleased."

We thank Dr. Dake for his encouraging words; and we shall never forget that it is to him as much as to any one that the new movement owes its initiative.—*Homœopathic World.*

MASSAGE AND SWEDISH MOVEMENTS.

Physicians in Chicago having patients for whom they desire to prescribe massage or Swedish movements, may have choice of several skilful operators. Miss Telka Folke, of 365 Wabash Av., is very highly recommended by the most reliable physicians. Miss Sarah Colvin, of 3476 Cottage Grove Av., is also highly accomplished in her profession, and well worthy the confidence of physicians. Dr. J. G. Trine, whose establishment is on Randolph St., between State and Wabash, has no superior in his specialty.

I have no hesitation in recommending any one of those named to the profession of Chicago, feeling sure that they will not be disappointed, and that their patients will receive the most skilful treatment.

Chas. Gatchell.

PERSONAL.

Dr. J. W. Dowling has removed to his new residence, No. 6 East 43d street.

Dr. Jas. E. Gross, of the Era, has been spending the winter months in California.

Dr. S. Lilienthal will, in future, make his home in San Francisco. His address is 100 Front street.

Dr. Wm. Tod Helmuth has opened a private hospital for the reception of patients at 41 E. 12th street.

Dr. W. H. Caine, of Stillwater, has been appointed Assistant Surgeon General on the staff of the Governor of Minnesota, with the rank of colonel. How are you, Col. Caine?

OBITUARY.

At North Bucksport, Maine, March 2nd, in the 83rd year of her age, Mrs. Eliza Gross, mother of Dr. Jas. E. Gross, of Chicago.

At Albion, Michigan, March 23rd, in the 66th year of her age, Mrs. J. B. Delbridge, mother of John B. Delbridge, of Chicago.

March 11th, Mr. George Halsey, aged 21, son of the late Tappen Halsey, was instantly killed by a passing train while crossing the track of the Chicago and Evanston railroad, a short distance from his home. At the same time his sister, Miss Lila Halsey, was so severely injured that it is feared she may not recover. We extend our most sincere sympathy to the family of the deceased in their terrible affliction.

BOOK REVIEWS.

A Cyclopædia of Drug Pathogenesy. Issued under the auspices of the British Homœopathic Society and the American Institute of Homœopathy. Edited by Richard Hughes, M. D.; J. P. Dake, M. D. Part V. *Cantharis-Chromium.* London: E. Gould & Son. 1887.

The fifth part of this important work has come from editors' and publishers' hands. Its interest seems to increase with each successive number. When it is complete it will comprise the most valuable storehouse of drug-effects in the world's literature. And then, when the actions of the various drugs on the human system have been analyzed, according to the method illustrated by Dr. Hughes;* and, also, when a systematic repertory has been prepared, the physician can approach his materia medica with a degree of confidence and an intelligent understanding to which he has long been a stranger. The repertory will enable him to find each symptom, in the original proving, in connection with all its concomitants. Nothing, then, need be taken on trust. No symptom which owes its origin to some ancient's imagination, and its preservation to tradition, will mislead the confiding physician. No schematic "arrangement," with disjointed, disconnected, and, therefore, meaningless symptom, will betray one into giving undue importance to that which does not deserve it. The physician, every time his repertory refers him to the volume of *Pathogenesy*, will know the original source of the symptom which he seeks, the size of the dose which produced it, and, what is of paramount importance, he will know all the other symptoms which occured in connection with the one on which he seeks to base his prescription. If ever the remedy is to be selected according to the "totality of the symptoms," what better way to arrive at it than this? What other way can there be that is reliable?

*In the Era for June, July and August, 1886, Dr. Hughes' article on Belladonna (a reprint from the *Monthly Homœopathic Review*) may be found, accompanied by the following note:

—At the meeting of the Hahnemann Publishing Society held at Norwich, in 1885, it was determined to take the *Cyclopædia of Drug Pathogenesy* as the basis of the Society's Materia Medica, and to issue a companion volume thereto, containing a commentary on the physiological effect of each drug, with the general and therapeutic information we possess regarding it. I undertook to furnish a specimen of the work proposed; and this paper redeems my promise.—R. H.

Antiseptic Midwifery. By H. J. Garrigues, M. D.

The Use of Electricity in the Removal of Superfluous Hairs. By Geo. Henry Fox, M. D.

The Modern Treatment of Eczema. By H. G. Piffard, M. D.

Inhalers, Inhalations, and Inhalants. By Beverly Robinson, M. D.

Spinal Irritation. By Wm. A. Hammond, M. D.

The Physiological, Pathological, and Therapeutic Effects of Compressed Air. By Andrew H. Smith, M. D.

Granular Lids and Contagious Ophthalmia. By W. F. Wittendorf, M. D.

The Modern Treatment of Ear Diseases. By Samuel Sexton, M. D.

This series of books comprises the Physicians' Leisure Library, published by Geo. S. Davis, Detroit, Mich. The names of the authors are a sufficient guarantee of the value of the special treatises. Garrigues, Fox, Piffard, Hammond, and the others, so well-known to the profession, need no introduction. Each book is a monograph on the subject of which it treats, and gives the latest and best that is known to the profession. The very reasonable price — only twenty-five cents each — should be a temptation to every physician to add the set to his library.

On the Determination of the Necessity for Wearing Glasses. By D. B. St. John Roosa, M. D. Physicians' Leisure Library Series. Detroit: Geo. S. Davis. 1887.

This little monograph is intended to enable the general practitioner to determine whether a patient requires glasses to aid vision or relieve certain reflex disturbances dependent upon errors of refraction. The subject is discussed in a clear manner and illustrated by interesting cases, but unless the general practitioner, whom it is intended to aid, has considerable knowledge of the eye he will find himself unable to render his patient any satisfactory service.

SPECIAL NOTICES.

Farwell & Rhines have their Gluten Flour on sale at the store of C. Jevne, Madison street.

Ridge's Food has been before the public for *fully thirty years*, and its use is simply enormous. It often succeeds where others fail.

Mellin's Food has the farinaceous matters guarded by malt, and Dr. Eustace Smith, of London England, says that no food not prepared in this way should be given to a child younger than six months.

The McIntosh Battery Co. will send free, on application; an Illustrated Catalogue, giving a full description of all their goods.

Seabury & Johnson are the sole importers of of the new antiseptic Hydronaphthol, which has an antiseptic power far greater than that of carbolic acid. The price is 20c per oz., post paid. Address 21 Platt st., New York.

The Chas. H. Phillips Chemical Co., 30 Platt st., New York, are introducing an elegant combination of Syr. Wheat Phosphates, with Quinine, Iron and Strychnia, which is highly recommended as a General Tonic.

The Rio Chemical Co., of St. Louis, makes a line of preparations for which nothing can be substituted. Their *Aletreis Cordial* is an efficient Uterine Tonic and Restorative. Their *Celerina* is a nerve tonic, very useful in cases of impotency and loss of nerve power.

Horsford's Acid Phosphate is universally recommended and prescribed by physicians of all schools.

Reed & Carnrick have issued a very useful book of diet tablets, which must prove to be a great convenience to the physician. It simplifies this part of the physician's duty very much and should come into general use.

The Lambert Pharmacal Co., 116 Olive street, St. Louis, make LISTERINE, which comes nearer being an ideal antiseptic than any preparation now before the medical world.

Lees, Hendricks & Co. make an extract of beef which, from its many excellent qualities, is called "THE BEST." It is a wholesome, palatable and nutritious extract of beef.

B. Boericke & Co. are selling a great many of De Pew's Convertible Gynecological chairs, which they manufacture in a superior style.

Nestle's Milk Food, for general use, has done much to diminish the mortality from Cholera Infantum.

Cherry Malt Phosphites is a stimulant and nutrient, especially adapted to sensitive organizations. Address the Liebig Pharmacal Co., New York.

The Galvano-Faradic Manufacturing Co., 300 Fourth Avenue, New York, make all kinds of standard electrical apparatus, and keep electrical supplies of all kinds. Send for their illustrated price list.

Glycozone is a *perfect* antiseptic agent. It destroys all microbes instantly, while at the same time it is non-poisonous to the one using it. Write to F. A. Reichardt & Co., 96 Liberty street, New York City, for a descriptive pamphlet.

Fairchild Bros. & Foster, New York.—By reference to the advertisement of this firm, our readers will find something of interest regarding alimentation.

Lactated Food, by its use in cholera infantum and dysentery has become established as the best possible aid to the physician.

Murdock's Liquid Food is recognized in all countries, and is indorsed by all national societies that have investigated it.

Orificial Surgery. By E. H. Pratt, M. D. Published by W. T. Keener. Price $1.50.

Smith and Shaw make the closed cell pocket battery.

Colden's Liquid Beef Tonic, differs essentially from all other beef tonics.

Scott's Emulsion of pure cod liver oil with Hypophosphites of Lime and Soda, is a standard article.

THE illustrations accompanying the unpublished letters of Thackeray, in *Scribner's Magazine*, will be unique. There will be portraits, views of places mentioned, etc.; but the principal illustrations will be Thackeray's own work. Many of the letters contain sketches, which will be reproduced in fac-simile; and others of his drawings, which are in the possession of Mrs. Brookfield, to whom most of the letters were written, will also be given.

"The Story of the Merrimac and the Monitor," the first of General Adam Badeau's "War Stories for Boys and Girls," with its graphic descriptions and spirited illustrations, is one of the prominent features of the April *St. Nicholas*. Another, but of a more peaceful type, is a charming article on "Harrow-on-the-Hill," number three of the "Four Great English Schools," which Mr. and Mrs. Pennell's graceful pencil and pen are making so attractive to American boys and girls.

The opening article of the April *Century* is also the beginning of the series of papers on English Cathedrals, the introduction to which was printed in the March number—the text being by Mrs. M. G. van Rensselaer and the illustrations by Joseph Pennell. Upon this work Mr. Pennell has been engaged for many months, and the illustrations printed in this article on the "Mother Church of England," as Mrs. van Rensselaer characterizes Canterbury, show a union of architectural faithfulness and picturesque interest unusual in drawings of such subjects.

THEY SAY

THAT consistency is a jewel.

THAT calendula is too much neglected.

THAT cocaine can be made by synthesis.

THAT carbolic acid has fallen from grace.

THAT cocaine inebriety is on the increase.

THAT it's all right if you only have the faith.

THAT Indianapolis has five medical colleges.

THAT early rupture of the membranes facilitates labor.

THAT scopoline bids fair to replace atropine as a mydratic.

THAT in the absence of microbes there is no suppuration.

THAT intubation of the larynx must supersede tracheotomy.

THAT what is morally wrong cannot be professionally right.

THAT in childbirth a woman often goes through a *night of labor*.

THAT linseed oil makes an excellent application in pruritus.

THAT soap is the best basis for ointments to be applied to the skin.

THAT iron-alum is one of the best antiseptic dressings for wounds.

THAT frog's skin makes an excellent graft for slowly healing surfaces.

THAT a rigid os may be made to relax by the use of the electric current.

THAT in early infancy hallucinations and convulsions take the place of delirium.

THAT a man with hemiplegia was instantly cured by being struck by lightning.

THAT the ratio of deaths from consumption diminishes as we recede from the sea.

THAT milk diet has as yet given the best results in the treatment of albuminuria.

THAT the duration of the contagion of measles is from the second day to three weeks.

THAT sleeplessness, like true religion, is more an affair of the heart than of the brain.

THAT Hahnemann used a 1 to 2,000 solution of corrosive sublimate as a wash for ulcers.

THAT the first insane-asylums were started by the Monks of Jerusalem in the sixth century.

THAT the cord should not be tied until the child has breathed vigorously several times.

THAT a loop of silver wire is the best instrument to use in drawing foreign bodies from the ear.

THAT boiled fish eaten by a convalescent from typhoid has been known to bring on a fatal relapse.

THAT hyposulphite of soda solution is the best wash for the hands, to remove disagreeable odors.

THAT spasmodic asthma is a reflex disease, with the nose as the most common starting-point.

THAT he who preserves from rupture a perineum is greater than he who repairs one that is already lacerated.

THAT patients should not be forbidden to breathe night air. What other kind of air can they breathe at night?

THAT tincture of iodine may be decolorized by the addition of ammonia, which converts it into the iodide of ammonium.

THAT cocaine applied frequently to the eye, produces infiltration and swelling of the cornea, and shedding of the epithelium.

THAT one-third of the patients admitted to the Liverpool Hospital for women last year were subjected to abdominal section.

THAT the peroxide of hydrogen has been used by Dr. Dillow in syphilitic ulceration of the pharynx with remarkable results.

THAT you can now diagnose dyspepsia by holding a lighted match in front of a man's face. If his breath takes fire, it's a bad case.

THAT the most efficient wash for disinfection of the hands consists of a solution of corrosive sublimate, ten grains to a quart of distilled water.

THAT a new article of diet has been introduced at some of the down-town restaurants — cold buckwheat cakes with a top-dressing of glucose.

THAT a thief is first arrested and then fined, but when an epidemic of smallpox breaks out, the health officers first find it and then arrest it.

THAT a new glass has been discovered from which a microscope-lens can be made which will reveal objects 204,700,000ths of an inch in diameter.

THAT the supreme court of Indiana has decided that the state has a right to say who shall and who shall not practice medicine within its borders.

THAT Hahnemann was the first physician in the world who ever suggested that cholera was attended by the presence of microbes in the blood.

THAT illegitimate children number a large percentage of idiots, probably due to arrest of development caused by the mental anguish of the mother.

THAT the endowment income of Guy's hospital formerly amounted to $200,000, but owing to the depreciation in the value of real estate it has fallen off to $125,000.

THAT a doctor in Atlanta removed some minute particles of epidermis from a boy's arm, to use as skin-grafts, and the boy's father sued the doctor for assault and battery.

THAT a writer in one of our exchanges says: "I have heard physicians whose labor-cases ran up into the hundreds, avow that they never had a lacerated perineum." Of course not! Wouldn't it look funny to see a physician with a lacerated perineum?

THAT *new subscribers for 1887 should remit on receipt of this number of the Era.*

THE MEDICAL ERA.

CHICAGO, MAY, 1887.

JAMES E. GROSS, M.D., } *Editors.*
CH. GATCHELL, M.D., }

BEGGARS AND BONDHOLDERS.

It is a notorious fact that free dispensaries are altogether too free. The poor they have always with them. But, unhappily, they have also a liberal sprinkling of the rich; or, at least, the well-to-do. The Medical Era's correspondent of last month has just ground for complaint. Those who can afford to pay for medical treatment have no place in the clinic of a free dispensary.

There is in Chicago an association known as the Charity Organization Society. This society gives careful attention to all just demands of the deserving poor. It requests the public to "Give no money to Beggars." And yet the singular spectacle may be seen of a physician driving past a crippled beggar on the street, without so much as throwing him a nickel, and then, a half-hour later, rendering five dollars' worth of service to the wife of the man who keeps the corner grocery!

This is wrong! It is wrong, not because it diverts dollars from some physician's coffers; not as a matter of dollars and cents; not for purely business reasons, but because it is the *abuse of a charity.* In a free dispensary the deserving poor should not be compelled to rub elbows with seal-skin sacques and Prince-Albert coats!

Reform is needed. At the Manhattan Hospital, New York, the method was adopted of interrogating every applicant. Each one was asked:

"How much money have you in savings-bank?"

"How much rent do you pay?"

"Can you afford to pay for medical treatment?"

Under this system two hundred and fifty applicants were rejected in one year. But, most remarkable to tell, each rejected applicant was immediately asked to contribute to the treasury of the Hospital, in the interest of the deserving poor, and, as a result, they and their friends gave an aggregate of more than six thousand six hundred dollars!

This is a method of reform worthy of imitation.

But there are many ways in which the object can be attained. In reply to an inquiry which we have made, Mr. W. Alex. Johnson, Secretary of the Charity Organization Society of this city, has very kindly detailed a plan by which it can be readily and easily accomplished. In the course of his letter, Mr. Johnson says:

> In any but urgent cases of sickness, if the dispensary clerk were instructed to tell those who apply, and who seem suspicious, to bring a card from the nearest office of our Society, most of the fraudulent cases would dispose of themselves without any investigation.

The way is clear. It remains but to act!

THE ILLINOIS HOMŒOPATHIC MEDICAL ASSOCIATION.

At Joliet, on the 17th of May, it will convene.

There will be a three days' session.

The titles of many papers have already been announced.

No "verbal reports" will be received. All papers must be in writing. It is an easy matter to get up and talk about a case, but it is unjust to those who have taken pains to prepare their papers.

Railroad facilities are ample, and hotel accommodations first-class.

The President, Prof. R. N. Foster, M. D., will deliver an address on the subject of "Modern Medicine." The substance of it will be an outline of the wide scope and tendency of medicine at the present time.

The meeting will be one of great interest, and there is every inducement for *you* to be present.

A SENSIBLE LETTER.

A recent number of our esteemed contemporary, the *New York Medical Times*, contains the following excellent letter from one of its correspondents:

Your editorial in the March number, "Retrospective," calls to my mind much of what has been already written and published as editorials in your valuable Journal.

While there may be very much of theoretical truth in this "Retrospective" and also in previous editorials written in the same vein, I am much inclined to doubt whether there is any practical truth.

I believe that the majority of professing homœopathic physicans would "drop the distinctive title" provided the "Old School" members of the profession would simply be honest in their writings.

When one sees provings of remedies that have been published in homœopathic works for years suddenly copied into allopathic journals and text books and sent forth to the profession as new discoveries, without one word of credit as to where they were copied from, one is naturally led to think that until the truth prevails on *both sides*, and both are strictly honest, it will be impossible to have complete union.

It may be true that "we cannot be too careful as to our estimate of remedial measures," but when an "Old School" Journal states that pneumonia is equally as fatal and the treatment as useless, as at the beginning of the present century, an ordinary successful practitioner of homœopathy will smile at the Old School ignorance.

Think of curing one patient out of twenty with pneumonia! What homœopathic physician cannot do better than that?

If I might to be allowed to suggest, Mr. Editor, the proper way, it seems to me, to bring about that harmonious union of the medical profession that you so much desire, is to enlighten the rank and file of the Old School brigade as to what homœopathy is, what it has done and is doing for the afflicted of the earth. So far as I have ever seen just as soon as an allopathic physician carefully studies the works of our School, it is but a little while before he is one of the most staunch of homœopathists.

Without any undue spirit of laudation I believe I am right when I say that the average homœopathic physician knows far more about drug action than his Old School brother.

In a great measure, I think, the motion for a union of forces in the ranks of the profession must come from the Old School, by giving credit in their text books, their journals and society proceedings, to those of the "New School" who have done so much by their untiring industry for the practical application of drugs in disease, and the enormous saving of human life.

W. John Harris, M. D.

St. Louis, *March* 17, 1887.

The editor of the *Times*, in his comments, makes use of this language:

We have no apology to offer for dishonesty, wherever it may be found, and we will fight for truth, when we recognize it, as hard as we can.

"And so will we!" says the *Homœopathic Physician.*

"And so will we!" says the *Hahnemannian Monthly.*

"And so will we!" says the *Eclectic Medical Journal.*

"And so will we!" says the *Medical Record.*

"And so will we all!" the echo comes.

And yet they fight on divergent lines.

Hence it appears that it all depends upon one's conception of what constitutes the *truth.* What is truth to one, may not appear to be truth to another. There are honest differences of opinion — a fact which should teach all to be tolerant. It is only when one pursues a course inconsistent with his pretensions, that he becomes subject to just criticism. Heretofore it has been left to the advocates of ultra-Hahnemannianism to raise their voices to highest key in shouting for the truth.

Truth is never noisy.

One is naturally led to think that until..... both are strictly honest, etc.—*Dr. Harris.*

We have no apology to offer for dishonesty. *Medical Times.*

While, as we have seen, what appears to be true to one, may appear to be false to another, there should be no difference of opinion regarding questions of *honesty*.

Is it honest for the allopaths to dig for ore in homœopathic mines, and place the specimens which they obtain in old-school cabinets labeled — "New Discovery"?

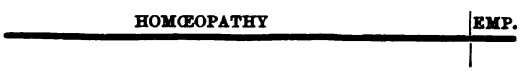
It seems as though though there should be no difference of opinion regarding the honesty of such a course.

Again, let us ask, — Is it honest for a homœopathist to be known as a homœopathist?

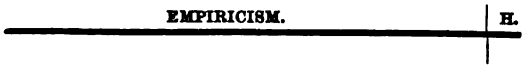
If it is *not* honest, then we should not hesitate to abandon the name forever. On the other hand, if it involves no dishonesty, then it is puerile and senseless for anyone to find fault with him for so-doing.

Let us look into the matter.

We think that we are safe in expressing the opinion that by far the greater part of the practice of a vast majority of the homœopathic physicians of the world, is consistent homœopathy. If an attempt were made to express it numerically, we should say that fully ninety-five per cent of their practice may be so classed, while the rest would be empirical. Represented diagrammatically, it might be expressed in this way —



On the other hand, allopathic practice may be represented in this manner —



To grant them more than five per cent of homœopathy in their practice, would be doing violence to the facts. This would be one prescription in twenty. It is too liberal an allowance. No considerable number of them make anywhere near this number of homœopathic prescriptions.

Hence it follows that between these two methods of practice, there is a vast difference. It is a difference which needs expression in language, and there is no other way to express it than to call the one man a homœopathist, and the other —— well, that is for him to determine. It need not concern us. But a man who practices homœopathy is a homœopathic physician, and to call him so is no more dishonest than it is to call a spade a spade.

In this connection there is a final question which we wish to ask.

If it is dishonest to be known as a homœopathic physician in 1887, why was it not so in 1877, '67, '57, '47, and '37?

When did it cease to be honest?

REVOLUTION IN MEDICINE.

We need make no apology for offering to the readers of the MEDICAL ERA Dr. Clarke's admirable address on the above subject. It may be read with interest and profit by every homœopathist in the land. At the present time, when a few mugwumps of our school would have the name of Homœopathy — and, with it, that of Hahnemann — consigned to oblivion, it is refreshing to read such an interesting account of the life and labors of the founder of our school. It teaches us, more plainly than ever before, that Hahnemann was not only a genius, but that he was also a hero.

S. LILIENTHAL, in the last number of the *North American Journal of Homœopathy*, has described in a few words the mission which homœopathic colleges have to fulfill. He says :

> It is the duty of every homœopathic medical college to teach everything that *is taught in any medical college, fully and thoroughly, plus homœopathy.*

THE REVOLUTION IN MEDICINE.

BEING THE SEVENTH HAHNEMANNIAN ORATION DELIVERED OCTOBER 5TH, 1886, AT THE LONDON HOMŒOPATHIC HOSPITAL.

BY

JOHN H. CLARKE, M. D.,

Physician to the London Homœopathic Hospital; Lecturer on Materia Medica to the L. H. H. Medical School.

I.—DARKNESS AND DAWN.

NIGHT.

Ladies and Gentlemen,

One hundred years ago the Art of Medicine still lay wrapped in Cimmerian night. The power of the Dark Ages, which the Protestant revolution had rolled away two hundred years before from other pursuits and avocations of men, unfettering the intellect in science and the conscience in the moral world, still lingered like a trailing, inky cloud after a storm over all that concerned the treatment of sick humanity. No ray of reason pierced the impenetrable fog of theory and conjecture in which the ministers of Healing moved, blindly led by blind Tradition and blindly worshipping the fetich, Authority. Now and again the bolder spirits had ventured, like Paracelsus, to rise in revolt against the ruling powers of darkness; but in their attempts to break the rusted and corroding chains of Authority — chains, which to the generality were a glory instead of a shame — they had succeeded in breaking only themselves. Systems of treatment based on fanciful theories of disease had risen, had had their day, and had sunk into their native night. Discoveries in anatomy and physiology had been made — and had left the practice of medicine no better than before. A century and a half had passed since Harvey wrote the treatise which contained his grand induction of the circulation of the blood — an induction, be it here remarked, honestly made from anatomical observations, and not, as is commonly alleged, from the observation of vivisected animals, — thus completing the work of Servetus, Realdus and Cesalpinus, who had been before him in the field and had paved his way. But Harvey did not dream of saying a word against the prevalent custom of bleeding for almost every disease — or, indeed, of suggesting any improvement in the Healing Art. So absolutely without effect on practice had Harvey's great discovery proved to be, that in the succeeding generation the physician in ordinary to the son of Harvey's master, the second Charles, published a work on "mummiall quintessences," among which a quintessence to be distilled "in the month of June or July" out of a "great quantity of overgrown old toads" was one the least objectionable.

1786.

In the year of our Lord, 1786, when the Old Regime in France was rapidly approaching its tragic end, and when the man who was destined to master the wild forces of the impending revolution, and to lead them through the length and breadth of Europe, overturning thrones and dynasties and shaking to their foundation the social and political institutions of the western world, was a young lieutenant of artillery in his nineteenth year, — in this year a man who was born to inaugurate a very different revolution — to put an end to the reign of Darkness in the world of Medicine, — already twelve years the great soldier's senior, was a general medical practitioner in the town of Dresden, dreaming as little as the other of the great part in the world's history he was to be called upon to play.

At this date Hahnemann was innocent of homœopathy.

HAHNEMANN.

I must not trench too much on the ground so ably occupied by my predecessors in this place, who have spoken of Hahnemann, the Man and the Physician, Hahnemann as a Medical Philosopher, as the Founder of Scientific Therapeutics, and of Hahnemann and his Works; but it will not be possible for me to avoid it altogether. And though some of the ground may be old, the recent publication in English of the great work by the lamented

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This address is published in pamphlet form by Keene and Ashwell, London, and can be obtained in this country of Boericke & Tafel, the American publishers, or of any dealer in homœopathic books. We hope that its appearance in the Era may lead to its increased sale. It is a good tract to place in the hands of the more intelligent of the laity.

Dr. Ameke, of Berlin, *Homœopathy: its Origin and its Conflicts*, translated by Dr. Drysdale, of Cannes, and edited by Dr. Dudgeon, opens up much that is both valuable and new.

Who, it may be asked, was Hahnemann, that he should set himself to revolutionize the most conservative of arts, the profession in which the worship of ancestors was observed with a piety more than Chinese?

Samuel Hahnemann was the eldest of a family of ten born to a painter on porcelain, of Meissen, in Saxony. His father, whose means were none too ample, destined the boy to follow the same trade as himself. But when God has special work for a man in this world He does not leave his upbringing entirely in the hands of his parents. As a child Hahnemann showed an intense passion and a wonderful aptitude for learning. When his father removed him from school (as he did for long periods together) with the aid of a clay lamp of his own construction the child continued his studies in his chamber at night after the less congenial labors of the day. But his teachers would not part with such a scholar without making great efforts to retain him. At last they prevailed on the father to allow the boy — whose health had given way under the combined effects of hard manual labor and chagrin — to follow his bent, they offering to forego all fees for his instruction. Such was the confidence he inspired that when only in his twelfth year Herr Müller, the principal of the Meissen School — of whom Hahnemann always speaks with the greatest veneration and affection,— commissioned him to teach to others the elements of Greek. At the age of twenty he removed to Leipzig to begin the study of medicine, his last school essay being entitled "The Wonderful Construction of the Human Hand." As showing his appreciation of his father's treatment of him, much as he had been thwarted and opposed, a note of Hahnemann's, written years afterwards, may be quoted here:—

"In Easter, 1775, my father sent me to Leipzig, with the sum of twenty thalers — the last money that I ever received from him. He had to bring up several children on his limited income, and this sufficiently excuses the best of fathers."

Thus the struggle with adverse circumstances began in Hahnemann's childhood; and there can be no doubt that this early lesson in enduring hardness formed one of the most important elements in the training for his after life. At Leipzig the struggle continued. Hahnemann supported himself by teaching and by translating for publishers whilst he diligently attended the medical classes of the University. Here his fees were remitted by virtue of a kind of Government foundation instituted for the benefit of poor and deserving students. After two years spent at Leipzig he removed to Vienna in order to study medicine practically, since Leipzig possessed no hospital. At Vienna he attended the Hospital of the Brothers of Charity, in the Leopoldstadt, under Quarin, the Physician in Ordinary to the Emperor. Like most of his preceptors, Quarin conceived a great liking for the young Hahnemann, for whom he showed his partiality by taking him with him on his visits to private patients. "He singled me out," says Hahnemann, "loved and taught me as if I were his sole pupil in Vienna, and even more than that, and all without expecting any remuneration from me." To the genuine teacher a pupil of Hahnemann's kind is himself a sufficient reward. It is to Quarin's lasting honor that he discovered Hahnemann's worth; and the love and the care he bestowed on his pupil were seeds sown in a fertile soil. A post of resident physician and library custodian to the Governor of Transylvania, obtained at Quarin's recommendation, enabled Hahnemann to replenish his scanty resources, and at the same time to pursue his practice and his studies. In 1779 he took his M. D. degree at Erlangen, where the graduation fee was lower than at Leipzig; thence he returned to his home, and after a short residence at Dessau removed to Gommern in 1781. Two years later he married Henrietta Küchler who shared with him for nearly fifty years the storms, the labors and the trials of his life. He now removed to Dresden, where we have already seen him, and where he remained for about six years practicing his profession as best he might, and making good use of the electoral library.

A REFORMER, NOT A DESTROYER.

If a man would inaugurate a new and better era in any department of human affairs, it is first of all necessary that he should master what there is good in the old. He comes not to destroy but to fulfill. So Hahnemann, long before he commenced the work by which he is now almost exclusively known, had made himself in all the branches of his Art,

and even in those which are now regarded as subsidiary branches, not merely proficient, but one of the first authorities of his time. Chemistry at this day owes to Hahnemann's genius, among other things, the discovery of the best test for metals in solution; and the apothecaries, who were destined to be the first to cast the legal stone at him, possessed in his *Pharmaceutical Dictionary* — a work of immense labor, learning and research, which took him years to complete,— their most valuable and most indispensable friend. His early writings prove him to have been far in advance of the men of his day. The practices of "fashionable physicians" he freely criticised; and in place of their violent measures he praised the virtues of cold water and fresh air in a way that would surprise modern sanitarians who imagine that hygiene is a discovery of the latter half of the nineteenth century. His learning in all that concerned his Art was unrivaled. No writer of eminence, living or dead, escaped his wide reading and scholarship, whilst his wonderful memory retained for his use almost everything that he read.

IN THE VALLEY OF THE SHADOW.

But before Hahnemann was ready to enter on the external conflict he must first feel the power of the Darkness in his own soul and conquer it there. In spite of his great powers and high intelligence — nay, rather by very reason of them — the seemingly never-ending night of Medicine oppressed him to the dust. Where smaller and less sensitive natures could live and move without discomfort a Hahnemann could not breathe. At last he could bear it no longer; he had reached, he thought, the "Everlasting No" of Medicine, and he gave up the practice in despair. Removing from Dresden in 1789, he came again to Leipzig, and there supported himself and his family by working as a literary hack, enduring the hardships of extreme poverty rather than continue to kill his fellow-creatures — as he felt he was doing — in accordance with the rules of his art. But illness in his own family recalled him to himself. He felt, as he believed in the goodness of God, that there must be a real Healing Art, if only it could be found.

DAWN.

This was the darkest hour before the dawn. Just then Hahnemann was engaged in translating Cullen's work on Materia Medica from English into German; and when he came to that part of the work which deals with Peruvian Bark, he was dissatisfied with the attempt Cullen made to explain the curative action of the drug in ague. It occurred to Hahnemann that if he were to try the effect of the drug on himself in health, he might obtain some information as to its action in disease. He therefore took an ordinary dose of the powdered bark. Within a short time he was seized with an attack of chills and fever indistinguishable from a fit of ague. Thinking this might possibly be a genuine attack of ague and not the result of the dose, after a little delay, he repeated the experiment, and again the same result followed. He had now no longer any doubt; and the exactness of his observation has since been confirmed by numberless similar experiences. Bark cured ague: and bark could also cause the very counterpart of ague in the healthy. This was the first ray of light which heralded the coming dawn. Further experiments on himself with bark and other drugs proved that this was no isolated experience, but an instance of a general rule: that there was a definite relation between the action of a drug on the healthy and its action on the sick, and that by knowing the one the other might with certainty be predicted.

With the breaking in of light upon his own mind Hahnemann was restored to hope and life.

But unlike certain modern discoverers who are eager to rush before the public with every idea that comes into their minds lest another should come before them and claim the priority (which is really not worth the claiming,) Hahnemann took care to make sure his ground before he made any definite announcement. His translation of Cullen was published in 1790. For six long years he worked at the subject before he published his famous Essay "*On a New Principle for Ascertaining the Curative Properties of Drugs*," in which the homœopathic principle was first clearly made known to the world. The essay was published in the leading medical periodical of the day, *Hufeland's Journal*, and it bears to the practice of medicine much the same relation that Harvey's essay on the *Motion of the Heart* bears to physiology. The essay excited much comment at the time of its appearance, as it was bound to do, but no one suspected it then of being heretical, whilst its great originality and power were acknowledged on all hands.

It was not until he had labored still three-and-twenty years in developing his system, had collected around him an enthusiastic band of disciples, and had won the confidence of a large circle of patients, that his medical brethren — and especially the apothecaries — became alive to the dangerous nature of his teachings and practice, and put in operation against him the favorite engine of the Dark Ages — persecution.

The new light which had dawned in this way upon Hahnemann's mind shed its rays before and after; illuminating and explaining much of the experience of the past, as well as indicating the path by which advance was to be made in the future. In numbers of the cases of cure recorded in ancient writings, as Hahnemann showed, the drugs which had been given had removed conditions the like of which they were capable of causing when administered to those in health.

In his *Essay on a New Principle* Hahnemann formulates his conclusion thus:—

"*Every powerful medicinal substance produces in the human body a peculiar kind of disease, the more powerful the medicine, the more peculiar, marked and violent the disease.*

"*We should imitate nature*, which sometimes cures a chronic disease by superadding another, and employ in the (especially chronic) *disease we wish to cure, that medicine which is able to produce another very similar artificial disease, and the former will be cured; similia similibus.*"

This proposition has never been shaken. Denied it has frequently been; misrepresented it still is; disproved it cannot be.

Hahnemann had now his foot upon the solid ground of fact. The weakness of all previous systems of treatment that had been proposed lay in their having been founded on the quicksands of theory. If Hahnemann had first sought to find some supposed explanation of the fact made plain to him, and if he had then sought to build up a system upon the explanation instead of upon the fact, his system would have fared no better than the others. Facts are durable things; explanations are always changing.

On his own body Hahnemann "proved" a large number of drugs; that is to say, he took them in substantial doses when in health and observed the effects that followed. These he noted as they occurred and made no attempt to explain them, simply labelling them what they were, "positive effects." Drugs, like human beings, are apt to be at times a little inconsistent in their actions. For instance, belladonna will cause some persons to perspire profusely, and will make the skin of other persons dry. Like a sensible man, Hahnemann, instead of trying to reconcile these inconsistencies, or to find an ingenious explanation of them, preferring, as smaller men are wont to do, his own explanation to the facts, simply set down both as "positive effects." An observer of the old school seeing one of these effects would immediately dub the medicine a "sudorific," and another seeing the opposite effect would be equally certain to dub it "anti-sudorific;" and each would go away satisfied that he possessed a scientific understanding of the drug's action, and forever after use it according to the name he had given it, ignoring as exceptional all contradictory experiences. So it has been; and so it is to this day among those who reject Hahnemann; and hence the confusion that prevails in the works of orthodox writers on Materia Medica, to the distraction of the unhappy student who is compelled to learn their contents — for examination. Hahnemann swept away all these delusive names, embodying at the best only partial experiences, and suffered the much abused drug to write out its own character in the symptoms and changes it produced in his healthy body; he performing the simple clerical duty of writing, so to speak, to the drug's dictation. By so doing, Hahnemann has made it possible for us to know the actual powers, the very characters in fact, of hundreds of substances now in daily use in homœopathic — and allopathic! — practice.

At the time when his essay was published Hahnemann was a physician of the highest standing and repute (which no one then thought of questioning,) and in the forty-second year of his age. A physician who knows nothing but drugs is, properly speaking, no physician at all; but a physician who does not know how to use drugs is a man without his right hand. Hahnemann was no one-sided enthusiast — he was an accomplished physician in all other matters apart from his knowledge of drugs and his skill in the use of them; and he was thus in every way qualified to lead the reform in the most important of all the divisions of the Doctor's Art — the treatment of the sick by drugs. For the question of drug-action barred the way of all

progress; and so long as the practice of drug administration remained unreformed, so long as the absurd theories and the high-sounding, delusive terms in which they were embodied held dominion over the physicians' minds, the inauguration of a better era was impossible. But now that the light had come to him, Hahnemann was fully equipped and ready to enter on his life's great work, for which all before had been a proparation. He was not alone in bewailing the state of the practice of his time, nor was he alone in his discernment of the curative powers of drugs; others, like Von Stoerk, had possessed an insight of a limited kind into the properties of drugs, and saw the necessity of giving them singly, before Hahnemann. But there was none who saw a way out of the darkness until he came; there was none who was able to gather up the good and show how it might be recognized and distinguished from the mass of the bad. He alone possessed the genius, the talent, the learning, the faith and the fortitude that were needed to withstand all the powers arrayed against him, to lead all those who would follow him into a region of light, and to compel all those who refused to follow, to cease at least to do evil, if they would not learn to do well.

II.—THE THREE-FOLD WORK.

CLEANSING THE AUGEAN STABLE.

Hahnemann's work was of a three-fold kind. He had first to clear his ground of the rubbish of ages, taking care to preserve everything of value that lay concealed among the heaps; he had to build a new edifice on the ground he cleared; and all the time he had to defend his work and himself against the attacks of his numberless foes, the blind lovers of darkness, the pharisaic sticklers for the old order, right or wrong. For, as there were those in the days of Plato who would rather be in error with him than be right with any less authority; and as, in Harvey's time, almost all his professional brethren declared that they would rather be wrong with Galen than be "circulators" with Harvey; so at the beginning of this boasted Nineteenth Century of ours — and I fear not at the beginning alone — the medical profession were almost unanimous in preferring to slay with Galen *secundum artem* — according to the most approved rules of their art — than to heal with the revolutionary Hahnemann. And verily they did slay *secundum artem*, as we shall presently see.

The one measure most relied on by the physicians of Hahnemann's time in their endeavors to combat disease was blood-letting. Next in importance to this came the administration of complex mixtures, the prescriptions for which were regarded as in themselves works of art to be compiled as carefully as a sonnet, almost as much for the admiration of awe-struck apothecaries as for any possible good the compounds might do to the patients. Hahnemann's keen eye soon perceived the folly and the wrong of both of these fashionable measures. In 1791, just when the idea of homœopathy had taken possession of his mind. we find him writing of blistering and bleeding in this philosophical strain:—"It is the common delusion that the sores produced by vesicating agents only remove the morbid fluids. When we consider that the mass of the blood during its circulation is of uniform composition throughout, that the exhalents of the blood vessels give off no great variety of matter under otherwise identical conditions; no rational physiologist will be able to conceive how a vesicating agent can select, collect and remove only the injurious part of the humors. In fact the blister under the plaster is only filled with a part of the common blood when it is drawn from a vein. But according to the insane idea of these short-sighted doctors, venesection, too, draws off the bad blood only, and continued purging only evacuates the depraved humors. It is terrible to contemplate the mischief which these universally held foolish ideas have caused."

In the following year, 1792, Hahnemann's sentiments on this question brought him for the first time into open conflict with his professional brethren. He alone of all men had the courage to criticise publicly the medical treatment of the Emperor, Leopold II. of Austria, who died *secundum artem*, in this way:—

"The monarch was on the 28th of February attacked with Rheumatic Fever"— this is the report of Lagusius, the Physician in Ordinary to the Emperor, with a running commentary (in the brackets) by Hahnemann;—"and a chest affection [which of the numerous chest affections, very few of which are able to stand bleeding? Let us note

that he does not say pleurisy, which he would have done to excuse the copious venesections if he had been convinced that it was this affection.] and we immediately tried to mitigate the violence of the malady by bleeding and other needful remedies [Germany — Europe — has a right to ask: which?]. On the 29th the fever increased [after the bleeding! and yet] three more venesections were effected, whereupon some [other reports say distinctly—*no*] improvement followed, but the ensuing night was very restless and weakened the monarch [just think! it was the night and not the four bleedings which so weakened the monarch, and Herr Lagusius was able to assert this positively], who on the 1st of March began to vomit with violent retching and threw up all he took [nevertheless his doctors left him, so that no one was present at his death, and indeed, after this, one of them pronounced him out of danger]. At 3.30 in the afternoon he expired, while vomiting, in the presence of the Empress."

Commenting on the case elsewhere Hahnemann said: "His physician, Lagusius, observed high fever and swelling of the abdomen early on February 28th; he combated the malady by venesection, and as this produced no amelioration, three more venesections were performed without relief. Science must ask why a second venesection was ordered when the first had produced no amelioration. How could he order a third; and, good Heavens! how a fourth, when there had been no amelioration after the preceding ones? How could he tap the vital fluid four times in twenty-four hours, always without relief, from a debilitated man who had been worn out by anxiety of mind and long continued diarrhœa? Science is aghast!"

But bleeding was not to be abolished at one blow. Hahnemann strove against the practice with all his might, and for years the neglect of bleeding continued to be the chief sin of homœopathy in the eyes and mouths of its opponents. But except in the practice of Hahnemann and his followers bleeding continued to be the favorite method of treatment; and it was only when the immeasurably and incontestably superior statistics of homœopathic over the ordinary treatment emboldened some practitioners of the unreformed faith to leave their patients without any medical treatment at all that they began to perceive the truth of Hahnemann's teaching — that bleeding was slaying. When they left their patients to Nature their death-rate fell in an amazing way, though it still remained distinctly higher than that of homœopathists. It is now the fashion to ascribe the discontinuance of blood-letting to certain experiments on animals performed by Marshall Hall. This is a very pretty story, and quite good enough for those who wish to believe anything rather than the truth of their indebtedness to Hahnemann; but the wise know well that great reforms are not brought about in that way. Another ingenious device for robbing Hahnemann of his credit due, is the theory advanced by some that diseases have changed their type since his time, and that the Sangrado bleeders of the past were quite right in their bleedings, and that Hahnemann was quite wrong in denouncing them. This is another pretty story; but the race of blood-letters is not yet entirely extinct, and the results that modern Sangrados have to show bear a striking resemblance to those of their fore-runners, notwithstanding the supposed "change of type" in disease. Witness the case of Count Cavour. On May 29th, 1861, Cavour was taken ill, in the midst of his parliamentary duties, with chills, followed, after some hours, by pains in the bowels and vomiting. He was bled the same night, and again the next day both morning and evening. On the 1st of June he was again twice bled. On the 2nd of June the wound in the arm reopened during an effort, and further bleeding took place. On his doctors attempting to bleed him again (this time at the request of Cavour himself, who thought that nothing else could relieve him of his sufferings, which were really the result of the bleedings he had already been subjected to) no blood would flow. Quinine was then given. Cavour asked that it might be given in pills, instead of in solution, because he knew from experience that the solution would make him vomit. The doctors would not consent to this, and violent sickness ensued. The next day he was cupped and blistered, but the blisters could not be made to rise. King Victor Emmanuel, who visited the minister, proposed to his doctors that they should open a vein in his neck. This proposal they were about to take into consideration, when they were saved further trouble by the death of the patient. Cavour died suffering from unquenchable thirst. It may fairly be said that Cavour resisted the treatment he re-

ceived better than the Emperor Leopold, although the illness of the latter occurred before the supposed "change of type" of disease had been discovered. The proposal of Victor Emmanuel to still further deplete the already bloodless man met with a singular nemesis when some years later, within the memory of us all, he himself perished — *secundum artem* — of his sanguinary doctors.

These historic examples will serve to show how firmly rooted in the medical mind was the idea that blood-letting was a necessary thing, and how much courage it demanded on Hahnemann's part to depart from the received tradition. His attitude on this question caused him to be denounced as a murderer — for denying his patients the "benefits" of blood-letting! — throughout the medical world, and cost him the friendship of some of the ablest physicians of the day who had previously been on terms of the closest intimacy with him.

Hahnemann early emancipated himself from the dominion of the complex prescription: but it cost even him a severe struggle. It was considered then the highest mark of proficiency to combine a large number of ingredients in the same prescription, arranging them artistically under the imposing names of *basis*, or principal, *adjuvans*, *corrigens*, *dirigens* and the rest, — which were supposed to "assist," "correct" and "direct" the action of the ingredient in chief. When Hahnemann had the courage to prescribe only one thing at a time, he could not help feeling a little ashamed of the mean opinion the apothecaries were sure to form of him, the apothecaries who made up the prescriptions being paid in proportion to their length. The opinion of the apothecaries with regard to Hahnemann did not improve with time.

In 1797, the year following that in which his epoch-making "Essay on a New Principle" was published, Hahnemann contributed another notable paper to *Hufeland's Journal*, entitled, *Are the Obstacles to Certainty and Simplicity in Practical Medicine Insurmountable?* In this article he delivers himself as follows:—

"Who knows whether the *adjuvans* or the *corrigens* may not act as *basis* in the complex prescription, or whether the *excipiens* does not give an entirely different action to the whole? Does the chief ingredient, if it be the right one, require an *adjuvans*? does not the idea that it requires assistance reflect severely on its suitability, or should a *dirigens* also be necessary? I thought I would complete the motley list, and thereby satisfy the requirements of the schools.

. . . . . .

"The more complex our prescriptions are the darker is the condition of therapeutics. . . . How can we complain of the obscurity of our art when we ourselves render it obscure and intricate?"

In the same year in which he first publicly attacked blood-letting, 1792, Hahnemann showed his courage in departing from the evil traditions of his profession in another matter of great importance. In his day, and long after his day, it was the custom to treat lunatics as if they had been wild beasts. Hahnemann protested against the wickedness of this practice, and his cure of the Hanoverian Chancellor Klockenbring by gentle means is a matter of European history. "I never allow an insane person," says Hahnemann, "to be punished either by blows or any other kind of corporal chastisement, because there is no punishment where there is no responsibility, and because these sufferers deserve only pity and are always rendered worse by such rough treatment and never improved." After his complete cure, Klockenbring, "often with tears in his eyes," showed Hahneman "the marks of the blows and stripes his former keepers had employed to keep him in order."

Thus Hahnemann anticipated another of the improvements in medical practice fondly imagined to be a discovery of recent years and credited to Englishmen. All honor to the English doctors for the work they did, and the reform they brought about; but the originality is not theirs—it belongs to Hahnemann.

CONSTRUCTIVE AND DEFENSIVE.

Hahnemann did not spend all his powers in fighting the abuses of his time. All the while he was assiduously working out his idea, testing the action of medicines on his own healthy body, and building up his system on the solid ground of his observed results. In the year 1810 he had so far perfected his system that he was able to publish his celebrated *Organon*, in which he set forth in detail what he had briefly sketched in his *Essay on a New Principle*, fourteen years before. In the following year he ap-

plied to the University of Leipzig for permission to teach medicine under its authority. The Senate of the University were not very well disposed to entertain his request, but they said that if he would write a thesis, and defend it before them, his request should be granted. Hahnemann readily complied, sending in his *Helleborism of the Ancients*, a work of such extreme merit that his censors could not find in it a single fault, and granted him the license to teach forthwith. For eight years he continued thus to teach and to practice, aided now by an enthusiastic band of disciples, and supported by a large section of the public. But there was a growing feeling of jealousy among his professional brethren, and the apothecaries came to like him less and less. For Hahnemann had discovered that besides the great advantage there was in giving only one drug at a time — a very grave sin of itself in an apothecary's eye — there was no need to give a poisonous dose of even that one drug in order to obtain its curative effects. This was altogether too much for the equanimity of the apothecaries. Their craft was in danger. One medicine at a time, and not much of that! — how was a poor apothecary to live? On the principle of securing the greatest good to the greatest number — apothecaries being many and Hahnemann only one — they determined to extinguish Hahnemann. There was a law in Germany forbidding a physician to make up his own prescriptions. This proved an admirable opportunity for the boycotting proclivities of the trade. They refused in a body to dispense any prescription of Hahnemann's, and when he dispensed his own medicines, even though he made no charge for them, they put the law in force against him, and so procured his banishment from Leipzig in the year 1819. He was then in the sixty-fifth year of his age. After long and painful wanderings from state to state, he at last found an asylum in the little town of Coethen, under the egis of the friendly Duke of Anhalt.

UNEXPECTED ALLIES.

When Hahnemann went into exile he left behind him enthusiastic disciples to carry on his work and develop his system. Hahnemann might be exiled, but homœopathy was not extinguished. And homœopathy had allies little reckoned on by its foes. Epidemics in their courses fought for homœopathy. Contagious fevers which swept off the patients of the old school doctors spared those of Hahnemann and his followers. Perhaps the most potent ally homœopathy has ever possessed has been the dreaded cholera. It is often said that homœopathy is all very well for children, and for mild diseases in adults; but no stretch of allopathic ingenuity can make of cholera a mild disease, or a disease peculiar to children. Yet it remains on the testimony of their own witnesses — allopathic doctors appointed under Government authority and prejudiced against the system of Hahnemann — that wherever homœopathy and allopathy have been tried in epidemics of cholera side by side, the results of the homœopathic treatment have proved immeasurably superior to those of the allopathic. This is a fact which it remains for our opponents to to explain; they cannot explain it away.

Hahnemann, ere he left Leipzig, had already made his work's foundation sure, and had rendered impregnable the house of his fame. Thirty-three years had passed over his head since we first found him at Dresden. The storm of the French revolution had burst and had passed. Napoleon had had his day and had fallen from his high estate. Amidst all the political turmoil of his time, and the storms of his own life, Hahnemann had accomplished a work which was destined to bring about a revolution fraught with the happiest consequences not to Europe only, but to the whole civilized world.

III.—THE REVOLUTON AND THE MAN.

1786 AND 1886.

Let us now come to our own day and compare the darkness of 1786 with the comparative light of 1886. In the sixteen years and upwards during which I have been connected with the medical profession as student or practitioner, I have never once seen a patient bled. In all truly civilized countries bleeding now occupies the very last instead of the first place among the means of cure. The habit of prescribing a number of drugs in the same mixture is not yet by any means extinct, especially in country districts; but the practice of giving one drug at a time is rapidly gaining in favor even among allopathists, and no one now dreams of skillfully building up a prescription of *basis, excipiens*

and the rest, as in itself a work of art. The leaders of the allopathic section are approaching the "Everlasting No" of prescribing,— the point Hahnemann reached in 1789 — for they openly declare that they have little or no faith in drugs; and when one of them succeeds a homœopathist in the care of a case of acute disease he thinks the best thing he can do is to give the patient no medicine at all. The effect of the Revolution in Medicine, of the deliverance from the tyranny of the Dark Ages, has been felt in every home in christendom. The lancet, the leech, and the fearful concoction are no longer the haunting terror they once were from the cradle to the grave. Douglas Jerrold's death-bed appeal to the doctor who insisted on cupping him — "Why torture a dying creature, doctor?" has been answered by Hahnemann— Why, indeed?

An abler pen than mine has sketched the debt of the children to "The Great Deliverer."—

"Children," says Miss Cobbe, "noticing the busts of Hahnemann in the shop windows, "may be properly taught to bless that great Deliverer who banished from the nursery those huge and hateful mugs of misery — black founts of so many infantine tears — mugs of sobs and sighs and gasps and struggles unutterable, from one of which Madame Roland drew the first inspiration of that martyr spirit which led her onward to the guillotine, when she suffered herself to be whipped six times running, sooner than swallow the abominable contents." The influence of Hahnemann is everywhere. It presses like an enveloping atmosphere, and, like an atmosphere, so insensibly that it may be unperceived. We find it in the home; in the hospital; we find it in allopathic books. It may be denied; and even by those who have consciously helped themselves to his works it may be ignored; but it is there, and history will not fail to declare it.

MEDICAL DOGBERRYS.

I know it is the fashion to say that the improvement must have come with the growing enlightenment of the age; but the answer to the simple-minded persons who make this statement — and who remind me of worthy Dogberry, when he said, "to read and write comes by nature,"— the answer to them is, that with all the growing enlightenment of the previous centuries, the improvement did not come, and until Hahnemann pointed out the way no one had any notion how medicine was to escape from the darkness of erroneous theories, and the chains of dead Authority. It was only by the immeasurably superior results of Hahnemann's treatment over their own that the opposing section were, "at long and last," as the Scotch folk say, induced to give up their barbarous practices, and to leave the sick man at least a chance of getting well. Those who like may believe in the wonderful effects of Marshall Hall's vivisections: the deliverance of Medicine from bondage was wrought by the heroic struggles of Hahnemann for light, begun in his childhood, and carried on during long years of privation, of labor and of persecutions, and maintained with a fortitude rarely seen among the sons of men, and never seen except when founded, as Hahnemann's was, on a mighty faith in the goodness of God, and in his own commission. This is the kind of thing, and this only, which can bring about such a beneficent Revolution as this century has witnessed in Medicine: and since the world is not altogether under the dominion of evil, a career like that of Hahnemann can never be wasted or lost.

THE MAN.

Such was Hahnemann, and such was his work. The discovery that he was an ignorant charlatan is one of the many remarkable allopathic discoveries — not to say inventions — of the last half century. In his own day his works were too well known to admit of such slanders gaining credence. Base motives and his criminal neglect of blood-letting were the chief stones thrown at him then. But Hahnemann was not to be destroyed by persecution, and he was too great a man to make any querulous complaint of that which he endured. "I care nothing," he says in 1828, "for the ingratitude and persecutions which have pursued me on my wearisome pilgrimage; the great objects I have pursued have prevented my life from being joyless." And on his death-bed, when it was remarked that Providence owed exemption from suffering to him who had already suffered so much in his efforts to relieve others, he replied with all his old fire, "Why should I expect exemption from suffering? Every one in this world works according to the gifts and powers which he has received from Providence, and *more* or *less* are words used only before the

judgment-seat of man, not before that of Providence. Providence owes me nothing. I owe it much. Yea, everything."

That Hahnemann had faults and failures I do not deny, any more than I deny that there are spots on the face of the sun. But we do not refuse to own that the sun warms us and gives us light because we have discovered the spots; and to see them at all we require to look through darkened glass. There may be some persons dim-sighted enough to see the spots — and even to see spots where there are none—without such help, and foolish enough to deny that the sun shines. Such, it seems to me, are those mentally purblind persons who see so plainly the defects (real or imagined) in Hahnemann's character that they cannot bring their magnanimity to allow him any credit at all.

Some there are who cannot see a hero, even when placed fairly before their eyes. Their insect range of vision is so narrow and so low that they see nothing clearly that is much greater than themselves; and their minds are so much in subjection to their eyes that they will not believe in anything they cannot see. But these are not the men to measure Hahnemann. His fame lives not in their breath. His fame has firm foundations; it is sure as the everlasting hills. It may be hidden from little minds by the little reputations of to-day, as the snowy peak of some sky-piercing giant may be hidden from view by hillocks close at hand; but as, when distance levels meaner heights, the monarch of the range towers over all the scene, so as years roll on will the name and fame of Hahnemann tower over the plains of history, when the little reputations of to-day shall have mingled indistinguishably with the common dust.

IV.—OUR INHERITANCE.

THE REVOLUTION NOT COMPLETE.

But great as the work of Hahnemann is, and great as is the Revolution he has brought about, the Revolution is not yet complete. It is true, there are in the United States of North America upwards of 10,000 practitioners of medicine following in the footsteps of Hahnemann, and all the world over the positive — as well as the negative — benefits of the new method are known. It is true, also, that allopathic professors, after filling their books with the records of their labors in torturing dumb brutes, and endeavouring in vain to extract from these some therapeutic pabulum wherewith to allay the cravings of their famishing pupils, are fain to present them with a dish of crumbs furtively swept from Hahnemann's floor. But this by no means contents us. As Hahnemann's heirs, much remains for us to accomplish. He has shown us the better way; it is for us to go forward. We must develop our inheritance, and defend it against the attacks, overt and covert, of those in power in the profession. We must make our case plain to the people, who are the ultimate judges and masters of either medical school.

"MEDICAL ETHICS."

There is much talk in these days about Medical Ethics. In the minds of our opponents Medical Ethics is an invention of recent date, expressly or mainly designed for the purpose of putting down homœopathy. Ladies and gentlemen, the only principle of medical ethics I know, is the good of the people; and for each individual doctor the people are represented, first and foremost, by his individual patients; and after that, according to his powers, by the world at large. The profession exists for the people. But this is scarcely the view of the allopathic section. In this country strong men — yes; even strong Scotchmen! — dare not do the thing they own to be right, because, forsooth! their College says they must not: and this is what they understand by medical ethics. Over the Atlantic, in the Land of Freedom, the same "code of medical ethics" holds sway; and because some have ventured to rebel against the old commandment of the Dark Ages of Medicine, "Thou shalt extinguish the light,"— which is, being intrepreted into the language of to-day, "Thou shalt boycott homœopathy,"— fierce civil war has broken out in the allopathic ranks.

EN AVANT!

So long as this state of things continues — so long as the allopathic materia medica remains the most hated and hateful of the studies of the medical curriculum; so long as its professors present their students with the torturings of dumb creatures as the only source of progress in the art of prescribing, and slander Hahnemann whilst they steal homœopathy, and for the most part mar what they steal; so long as the student is hindered from following the dictates of his own conscience by the pressure of authority and professional opprobrium; — so long must we

be at work and in arms. There is a comfortable maxim of which we are all very fond, "Truth is great and will prevail." Yes; but also — lies are great, and at present *they* prevail; and unless we walk in Hahnemann's steps, and endeavor with all our might to set forth the truth as it should be set forth, lies will prevail to the end. Truth is worth working for and fighting for; and truth demands it. We may sit at home cozily repeating our beautiful maxim, like the American editor in the time of the war, who could not fight — much as he liked fighting — because he had to remain at home to announce from day to day the inspiriting news that "the Government were about to take vigorous measures to put down the rebellion;" but if we all do this, the liberation of medicine will never be complete — the lies will prevail to the end. The same strenuous efforts, the same faith and fortitude which enabled Hahnemann to accomplish all he did, are demanded of us, according to our measure, to maintain what he began. We lament that our powers are so small, and our numbers so few; we wish with all our hearts that the great men opposed to us (and their greatness we do not call in question) would bring their great powers to work the rich field which is altogether too vast for us to overtake, instead of using the weight of their names to resist our efforts and to dissuade those who would from following in the better way. Still we are not discouraged; we are doing what we can. Our little hospital here stands out as a witness for the truth, and though we could wish that it were larger, and our own skill more worthy, we have no reason to be ashamed of the position it holds among the institutions of the metropolis. Its wards are open for the inspection of those who wish to learn; and for those who have time to attend regular classes provision is made for systematic teaching in the School of Medicine with which the hospital is combined.

We are doing what we can; and we hope to do yet more in the time to come. The Revolution is progressing. But the progress is slow; and those who hate knowledge are many. Our work is for Truth and Justice and Light. To all who love Justice and are not afraid of Truth, we look for help in our endeavor to break down what still remains of the tyranny of Darkness in Medicine, and to hasten the coming of the perfect Day of Liberty and Light.

EVERY-DAY SURGERY.

By F. A. NEWMAN, M. D.

ATTENDING SURGEON TO COOK COUNTY HOSPITAL.

I PROPOSE in a series of articles, to the Era, to describe some of my every-day cases, hoping thereby to bring out some points that may be of interest to others, as they have been to me. My first two cases will be of simple incised wounds of the scalp.

Case I. — A laborer came to my office with a wound about two inches in length, on the left side of the forehead, from just above the eyebrow to the hair, the result of a falling piece of timber. It is a simple incised wound, and illustrates the fact of blunt substances sometimes producing incised wounds without contusion. There is no hemorrhage of any amount, therefore no blood-vessels are severed, and of course nothing needs to be done to check hemorrhage. The wound is free from dirt in the common acceptation of the term, but inasmuch as he had wrapped a piece of old dirty rag around his head, it could not be surgically clean. You will see that I make a difference here between ordinary cleanliness and surgical cleanliness. By this I mean that a wound may be free from sand, bits of clothing, etc., and still contain germs capable of causing fermentation, and suppuration, therefore being surgically unclean. Upon examining farther we find the cut has penetrated to the bone; no, not quite, except at the lower angle, where the periosteum has been cut for about a quarter of an inch in length over all the rest, this membrane is intact. If the bone had been denuded over any considerable area there would be danger of necrosis, but here the denuded surface is small and the periosteum simply incised and gaping slightly, therefore we will take a stitch with very fine carbolized cat-gut and draw it together, cutting the ends of the suture short.

Now we will irrigate the wound with a solution of mercury bichloride, (1 to 3,000), taking care that it penetrates every portion of the wound and also the surrounding skin. Next we place four sutures of carbolized silk, bring the cut edges into perfect coaptation; now dust the wound and adjacent parts with iodoform, then place a piece of oiled silk, dipped in the bichloride solution, and over this, several thicknesses of bichloride gauze and bandage.

The patient is requested to report on the fifth day, which he does, when the dressings

and stitches are removed, and we find the wound healed by first intention without suppuration.

Case II. — A bartender has some difficulty with a colored man, who cuts him on the back of the head with a carving knife. The wound is from a point one inch back from the center of the ear, running diagonally backward and downward, for about an inch and a half, and bleeding profusely. On removing the towel which he had tied around his head, we see the blood coming in jets from three points, showing that three arteries had been severed. Two of these are readily picked up with the forceps and twisted, but the third is so retracted as to be found with difficulty, and we have no time to waste in hunting for it, as the patient is already faint from loss of blood. So we place a finger over the course of the artery some distance from the wound and press upon it firmly, thus temporarily checking the hemorrhage. Now we cut and shave the hair for an inch at least all around the wound, and then are ready to check the hemorrhage permanently, to do which we have several methods to choose from. We can either dissect up enough of the vessel to tie, use acupressure or compression. But in this case we will try something different from all these. Thread a needle with chromicised cat-gut, find the exact course of the vessel, and pass the needle through the scalp on one side of it, then under and out again on the other side, but close to it. Now tie the two ends of the cat-gut, and we have the vessel ligated, and all hemorrhage stopped. Now we will clean and dress as in case one.

This man reported on the fifth day, with very satisfactory results.

There is nothing original in either of these cases, unless it be the ligating of an artery with chromicised cat-gut by means of a needle. But I wish particularly to emphasize the importance of observing a thoroughness in little things, using all the care and precautions in these slight wounds that one would in those of a more serious nature. Where this is done one need have no fear of the trouble so prevalant before the introduction of antiseptics — namely, erysipelas.

The Minnesota Homœopathic Medical College held its first annual commencement at the Central Baptist Church, Minneapolis, on the evening of Monday, April 4th.

SELECTIONS.

APPARENT DEATH OF THE NEW-BORN INFANT.

The first thing to do is to remove immediately every obstacle to respiration. The infant is placed on its back, the head resting on a pillow, and by means of a finger, or a feather, the nostrils and the pharynx are cleansed of obstructing mucus. Now cutting the cord, allow it to bleed until the infant has lost one to two teaspoonfuls of blood. If the blood does not flow readily, before tying the cord place the infant for a few minutes in a hot bath. The blood soon flows: the cord is tied, the infant wrapped in hot cloths, and rubbed vigorously. The cyanotic tint, ordinarily, disappears rapidly, to give place to the normal, and a few frictions, slapping of the feet, or a second bath, causes the child to respire more or less freely. If this does not suffice, we must proceed to artificial respiration or insufflation.

If the infant be anemic, we must have care that it does not lose the least quantity of blood. On the contrary, we must tie the cord at once and with care, plunge it alternately in a hot and then in a cold bath, pour cold water from a height on the epigastrium, whip it with a wet cloth, tickle the nostrils with a feather, and, if this does not suffice, quickly resort to artificial respiration.

It is our belief that insufflation is a much more efficacious means, but there are a number of other measures which are of value. For instance, the following procedure has often served us well. The infant, wrapped in hot cloths, and its head on a pillow, is placed on its back with the arms alongside the body. Seizing each arm, they are quickly lifted towards the head, and then rapidly pressed down against the thorax. These movements, repeated alternately, dilate the thorax, and thus assist the entrance of air into the lungs. Marshall Hall's method is warmly recommended by Naegelé, Grenser and Speigelberg. Schultze endorses the following methods:

Schultze's Method.

The accoucheur, standing with the body slightly bent forward, the legs moderately separated, the arms extended towards the ground, seizes the infant by the index fingers passed from behind forward into the axillæ.

1. Inspiration. 2. Expiration.

(Figs. 1, 2.) The thumbs rest gently over the clavicles, and the remaining fingers are applied against the posterior surface of the clavicle, in the direction from above downwards. The infant's head is supported against the wrists. This position is that of inspiration. The accoucheur, thus holding it, suddenly throws the infant forward and upward. When the accoucheur's arms are a trifle above the horizontal line, the motion is gently stopped, so as not to jerk the child, and the fœtal lumbar spine is flexed, the abdomen being forcibly compressed by the weight of the pelvic extremity. The result of this passive expiratory movement, is an abundant flow of mucous from the respiratory passages. The position of the child is now gently changed to that which it occupied at the outset, and the thorax, freed from all pressure, enlarges by its own elasticity, and the diaphragm sinks with the retreat of the pelvic viscera. Thus, by a purely passive process, is produced a deep inspiration. After a few seconds, the manœuvers are repeated. The air enters the glottis audibly. When spontaneous effort at respiration is made, the above method is to be desisted from, in order that the spontaneous respiratory process may not be interfered with by the artificial.

Boer, Desormeaux, Stoltz, and others, advise recourse to electricity, in the shape of galvanism, or electro-puncture. Leroy has been able, by passing a galvanic current through the diaphragm, to produce in animals asphyxiated by drowning alternate contraction and relaxation of this muscle, and to provoke, finally, the return of respiration, and of life.— *A Treatise on Obstetrics.*

Paedological Notes.

Prof. M. Deschere, M. D., New York, contributes "A few points worth remembering," to the *Homœopathic Journal of Obstetrics.*

Allow me to present you my mite, and please take it for what it is worth:

Benzoic acid has served me in diarrhœa, stomatitis, tonsilitis, whooping cough, and enuresis nocturna as well as diurna, when with all these ailments we have the characteristically *excessive strong-smelling urine, the odor of which penetrates the whole room.*

The *ulcerations in the corners of the mouth* should make us think of *Nitric acid* in many ailments of children, even remote from buccal cavity. *A crack in the middle of the lower lip*, with or without ulcers in the corners of the mouth, will suggest *Hepar sulphur* under various circumstances.

Oxalic acid should be more frequently thought of, as children so often get sick from eating candies, and I know of no other remedy which as certainly will cure *gastric ailments aggravated from eating sweets* as *Oxalic acid. Argentum nitricum* will be indicated when there is excessive craving for sugar, but only the diarrhœa may be aggravated by it.

Alumina is generally thought of in *constipation*, but I have frequently used it with excellent success in *most aggravated forms* of diarrhœa, *with marasmus*, during the period of dentition, especially with *naturally anœmic children borne by anœmic mothers*, who suffer occasionally with profuse leucorrhœa. Bell says, in his work on "Diarrhœa," page 29: "It is more frequently indicated in chronic diarrhœa, accompanying chlorosis in slender, delicate girls, with a depraved appetite, and the aggravation on alternate days. With these symptoms a brilliant cure may be expected, including the chlorosis, if the remedy be not given *too low* and *too frequently.*" This last point should not be forgotten, or set aside as unimportant.

The *profuse discharge of loud flatus during the diarrhœa*, especially of a dysenteric form, always suggests *Argentum nitricum.* A cor-

responding symptom will indicate it in *whooping cough* and that in *belching during the paroxysm.*

Speaking of whooping cough, I cannot help mentioning *Naphthalin*, which, in this affection, was first recommended by *Von Grauvogl.* I use it in cases that are void of indicating symptoms, and then I administer in pellets No. 50, moistened with a saturated solution of the crystals in alcohol, one of these pellets to be given *after each severe attack of coughing.*

I always make it a rule in paroxysmal affections to prescribe the remedy to be used *immediately after* an attack, as I think the organism to be most sensitive to reactive efforts just then.

Indigo has done me good service in *whooping cough with profuse nose-bleeding during every paroxysm*, and as a differential point from other remedies having epistaxis with whooping cough, I will state that *Indigo* is indicated more especially when the bleeding is from the right nostril.

Excessive lachrymation during the cough indicates *Natrum mur.*, while *Euphrasia* will be indicated by the same symptom, the child, however, *coughs only during the day time.*
Hom. Journ. of Obstetrics.

The Treatment of Puerperal Sepsis.

Dr. Runge in the *Volkmann's Sammlung*, states that his late experience in the treatment of puerperal sepsis has taught him a manner of dealing with the affection that yields far better results than other methods. A strict *local* therapeusis is carried out. Rigid antisepsis of hands and instruments in conducting the labor is the best prophylactic. The vulva is cleansed at the beginning of labor, but no vaginal irrigation is held to be a *lapsus artis.* Lacerations are sutured if large, or dusted with iodoform if small. When fever sets in the cause is sought for, and if found in the genital apparatus he uses vaginal irrigations — temporary are preferred to permanent — and in cases of offensive lochia, uterine irrigation with a five per cent carbolic acid solution. The latter is repeated once or twice, and during its use the vagina is protected by a stream of water. Further absorption of septic matter is in this way prevented. The object of general treatment is to raise and maintain the power of resistance of the system to enable it to throw off the poison absorbed. To accomplish this purpose the most important vital functions of the organism must be maintained and regulated. These are sleep and digestion; and while these are preserved the system cannot yield to the disease. — *Archives of Gynæcology.*

NOTES ON ADULT INSOMNIA.*

By EDWARD T. BLAKE, M. D.

Sleeplessness is a symptom for the relief of which our aid, in this great City of Unrest, is frequently sought — a symptom with which some amongst us can most sincerely sympathize. It is in no spirit of illiberality that we assert, that though ably and successfully palliated, insomnia is rarely cured radically on the lines of *contraria contrariis.* This want of success has doubtless served to drive our friends of the dominant therapeutic school to cross the frontier on many a midnight raid.

We are aware that to induce sleep it has been of late the fashion to administer small doses of certain nerve stimuli, in despair at the repeated failure of hypnotics in some forms of sleeplessness. Our friends on the other side know, even better then we do, that there are constitutions which cannot and will not tolerate the exhibition of sedatives.

We must all have been surprised that such trivial and inadequate causes serve at times to destroy all hope of slumber. Per *contra*, it is certainly true that as little will often avail to produce the deeply-desiderated solace of sleep. I fear that we do not always take enough trouble to isolate in each case the immediate cause of the insomnia. If sound and refreshing sleep cannot be obtained there is nearly always some special causative condition to be elucidated. A little patient enquiry will bring out that so-and-so is the reason that slumber forsakes the seeker for rest. If we are wise, we shall help the sufferer to woo fickle sleep quietly, rather than by violent drugging to drive him into the arms of that too seductive *hetaira, Narcosis*, whose perilous acquaintance is more easily made than abandoned.

I propose to read first the brief notes of a case which will serve to illustrate the truth of these positions. At the same time it will, I hope, serve to show not alone the sweet reason-

*A paper read before the British Homœopathic Society, Thursday, December 2nd, 1886.

ableness but also the feasibility of the homœopathic rule of drug selection. I claim that it helps to vindicate the pretension that this rule is pre-eminently a practical rule, filling up very completely the needs of common work-a-day life, helping us to cure complaints promptly, certainly and pleasantly.

Tabacum in Spinal Sleeplessness.

Mrs. —, aged 40, consulted me for the combined effects of severe drug action and of rheumatic fever.

This lady was brought to London in a hammock. I found her in a most pitiable plight. Most of her joints had been left by the rheumatic synovitis rigid and useless, each surrounded by an œdematous zone. They were still exceedingly tender. She lay helpless and immobile, dependent on the charity of her friends even to scratch her face or to drive away the persistent fly. The rib-rigidity, by impeding lung-play, had led to grave disturbance of blood-renovation. This, together with the existing starvation of the spinal cord, added to the excess of cardiac inhibition, the results doubtless of copious *salicin*, had combined to set up a terribly distressing condition of the lower extremities. Whenever the luckless patient composed herself for sleep, and just as she was lapsing into unconsciousness, the knees would attempt to fly up suddenly towards the chest with an abrupt jerk, tearing painfully at the acetabular adhesions.

If you can realize what the repetition of this process meant every half hour during the long and wearisome night you will form some conception of the misery experienced by this unhappy woman.

The anterior cornua of the dorsal portion of the cord, anæmic enough by day, became exceedingly bloodless when the usual diminution of arterial afflux commenced with the slacking heart of sleep. But this lady's sorrows were further augmented by recurrent vertical diplopia (*salicin*), by tinnitus aurium, also probably due to *salicin*, by anodontic dyspepsia, by obstinate constipation, an external anal fistula, and by an offensive leucorrhœal discharge, the nature of which has not yet been ascertained. She had also eczema simplex of face, neck and præsternal region, for which during the past ten years she has taken very considerable quantities of *arsenic*. She has a small, frail, non-muscular frame. Of all this sweet pathologico-pathogenetic *mélange*, not one symptom so harassed her as the flying-up of the stiffened knees, with the succeeding tremulous subsidence, to be soon followed by another tearing jerk, then another tremor, and so on, in alternating agony, during the tedious and interminable night.

Here was a condition not to be relieved by hypnotics: for whilst they had endangered life itself in a frail patient with so feeble a heart, they had, as a matter of fact, entirely failed to bring either relief to suffering or sorely needed sleep.

Now homœopathy steps in and supplies us immediately with an appropriate remedy, that quickly relieves not alone the sleeplessness, but the symptoms that had induced it.

(*To be Continued.*)

The Ano-Genital Region.

It is a fact, not quite generally known, yet none the less important for that, that in the administration of an anæsthetic, the sensibility of all parts of the body is not abolished at the same time, but that some regions retain their powers of recognizing impressions, long after they have been lost in others. Those parts which are the last to lose their sensibility in the anæsthetization process, are the ano-genital region and the matrix of the great toe-nail, and it has been supposed that to this fact a number of the charges of improper conduct on the part of the physician toward female patients has been due, for the genital region retaining its power of perception after its cessation in other parts of the body, any movements made by the patient toward the end of the anæsthetization, or any arrangement of the covering or clothing of the patient by the physician, producing in her the sensation of having been touched, that sensation is referred, of course, to the only part capable of perceiving it, viz., the ano-genital region. Hence, the first recollection of the patient, after the process is finished, will probably be that of having been touched in that region, and the result is a belief on her part, even if no charge is made, that she has been improperly dealt with. For this, and many other obvious reasons, the rule that another female should be present during the anæsthetic process, as well as during an examination of a female, should be strictly carried out.—*Weekly Medical Review.—Med. Digest.*

Peroxide of Hydrogen as an Antiseptic.

John Wood, F. R. S., in a December lecture on "Antiseptics in Surgery," at the Royal College of Surgeons, said: "I have lately been trying a dressing little open to the suspicion of noxious effects. It is a solution of the peroxide of hydrogen or oxygenated water, a preparation well known for its chemical efficacy, and manufactured in quantities for the purposes of bleaching hair. It is, I believe, absolutely non-irritating, and is very convenient in its application. A piece of absorbent cotton is dipped in the solution, squeezed over the wound as a wash, and then laid upon it as a dressing. Over this a piece of thin gutta-percha tissue or oil-skin is laid, and covered with a layer of absorbent or salicylated cotton-wool, and bandaged tightly. In deep sinuses and irregular wounds, it may be used with a syringe or irrigating apparatus or double tube.

As a microbicide, the peroxide of hydrogen is one of the most powerful agents known. So small a proportion as one part in 2,000 is efficacious in preventing the beginnings of putrefactive fermentation, and destroying the activity and propagation of bacteria and micrococci of all kinds. It is absolutely innocuous, and is quite free from any suspicion of local or constitutional irritation. Its active properties are due to oxygen in the form of ozone, an agent which is a normal constituent of the healthy blood, and upon the action of which has been founded a theory of the neutralization of the bacteria present in the tissues of healthy animals, and the prevention of the propagation changes which they may undergo, rendering them active agents of septic infection under certain conditions of the system, which a plentiful supply of ozone may remedy. It is, however, an unstable and easily decomposed compound, prone to change by easily giving off its supercharge of nascent oxygen. This property is in many conditions, certainly advantageous; the gaseous oxygen in the condition of change enters all the intricacies and pouches of a sinus, abscess, or joint cavity, and thus effectively fulfills its antiseptic mission. It has, I believe, a decided and remarkable effect in diminishing and arresting the formation of pus-cells. For clearing suppurating joints it may be used with great advantage. I have used it of the strength of 1 in 500, or even stronger, for this purpose, by means of an ordinary irrigation apparatus, provided with a double, or entrance and exit tube. It can be carried in a concentrated form in a well stoppered blue bottle, kept from the light, and diluted with pure water to the required strength. Its weak point is its instability; the ready escape of its effective gas renders it less applicable as a permanent dressing. If so used, it should be well covered with gutta-percha tissue, or associated with a more permanent non-gaseous antiseptic, such as sulphate of copper, or chloride of zinc. It is not very costly, being made in large quantities for bleaching purposes, and may become cheaper in consequence of greater demand and easier supply."—*Brit. Med. Jour.*

Points in the Treatment of Strangulated Hernia.

Dr. J. W. S. Gouley read some notes before the N. Y. State Medical Association, in which he reached the following conclusions:

1. When doubt arises in the mind of the surgeon respecting the existence of strangulation of the intestine or omentum in case of incarcerated hernia, it is his duty to give the patient the benefit of the doubt by at once resorting to the operation of herniotomy.

2. Delay in relieving the strangulation is often fatal, while herniotomy in a case in which no strangulation exists is not usually harmful.

3. Medicinal treatment is often delusive, and local applications, such as opium, tobacco, poultices, ice, etc., are in most cases worse than useless.

4. Persistent taxis is infinitely more dangerous than herniotomy, and such taxis even when it is followed by reduction of the hernial protusion is often the cause of fatal peritonitis.

5. Another, though rare, effect of violent taxis is the reduction *en masse* of the hernia in its state of strangulation, and its result is known.

6. As a general rule, two minutes of gentle taxis, the patient being in a hot bath, will settle the question as to the possibility of safely reducing the hernia.

7. Therefore, it may be said with propriety that the less taxis, the less ice, the less other topical applications, the less opium, the less general or special meddlesome interference, which often does serious injury to the intestine, the better the chances of recovery in the event of herniotomy. This is particularly the case in femoral hernia.—*Northwestern Lancet.*

Treatment of the After-Birth.

Dr. Fischer, house-physician to Professor K. F. Slaviansky's clinic, in St. Petersburg, publishes in the *Russkaia Meditzina*, an able paper on the third stage of labor by Credé's and Ahlfeld's methods. The paper is based on 625 cases which were admitted to the Pokrovsky Lying-in Hospital during the last two years, and 460 of which were treated by Credé's method, while in the remaining 160 cases Ahlfeld's expectative plan was employed. In the former category of the cases the author acted in the following manner. During the very last moments of expulsion of the fœtus, he placed his hand on the uterine fundus to gently rub the latter; then, on appearance of the first uterine contraction, he clasped the fundus with his hand so that his four fingers would lie on the posterior wall of the organ, and the thumb and palm on the anterior, to produce a moderate, gradually increasing pressure during the acme of a contraction. If the first attempt was not followed by expulsion of the after-birth, the whole procedure (massage and pressure) was repeated on the next contraction. After expulsion of the after-birth, the patient received a scruple dose of ergot and was subjected to gentle massage of the womb from a half to one hour. The management of the third stage after the expectative plan was conducted in this way. Immediately after the child had been delivered, the author, besides tying the umbilical cord at two usual spots, applied a third ligature close to the external genital organs of the woman, to have an indicator for delivery of the after-birth; when the indicator showed that the cord descended from 12 to 15 centimetres (in other words, that the placenta was expelled from the uterine cavity), the woman was told to strain during a coming labor-pain. When repeated (four or five times) straining could not expel the placenta, the author placed his extended palm on the uterine fundus, and, during a contraction, pressed in the direction perpendicular to the plane of the pelvic entrance (as advised by Ahlfeld in his *Berichte und Arbeiten aus der Geb. Gynäk Klinik zu Marburg*, 1883–84). In fifty-three cases of the kind, Dr. Fischer gave a scruple dose of ergot after expulsion of the placenta. The author arrived at the following conclusion: 1. When treated after the expectative method, the parturient loses about one and a half times as much blood as when treated by Credé's plan. [The amount of blood lost during the third stage of labor was in average 208 grammes in the latter category of cases, and 313 grammes in the expectative cases.] 2. In expectative cases, the *post-partum* hemorrhage requiring medical interference occurs about two and a half times more frequently than in the cases treated after Credé's plan. [Hemorrhage occurred in 25 of 493 cases of the latter category — that is, only in 5 per cent — while it occurred in 13 per cent of cases of the former class.] 3. A manual extraction of the after-birth is required in expectative cases more often (7.4 per cent) than in the cases treated by Credé's method (5.7 per cent). 4. Retention of the chorion occurs in the former cases oftener than in the latter. 5. Puerperal involution of the womb proceeds more slowly in expectative cases than in the cases where Credé's plan is employed. 6. The course of the puerperal period in the former class is more unfavorable than in the latter. [Of the cases treated by Credé's method 61.7 per cent were non-febrile, 38.3 per cent febrile, and 5 per cent complicated with puerperal affections; the respective figures for the cases managed after the expectative plan were 53.6, 46.4, and 9 per cent]. 7. On the whole, Credé's method, while being fully rational from the physiological standpoint (as far as the mechanism of expulsion of the after-birth is concerned), at the same time satisfies all practical demands in regard to safety, easy practicability and rapidity, as well as good results on all sides. — *Archives of Gynæcology.*

Love vs. Todd.

(*Contributed.*)

We notice with regret, which is akin to pain, that a personal altercation between two St. Louis physicians is likely to result in a duel to the death. Dr. Love, who is president of the Mississippi Valley Medical Association, having recently criticised Dr. Todd, was snubbed by Dr. T., who thereupon was struck by Dr. Love a stinging blow in the face. Friends separated the irate doctors, but a resumption of hostilities is expected. Love has caused a great deal of trouble in this world of ours; and too much "Tod" has caused a great deal more. We are confidently of the opinion that if Todd would let Love alone, and Love would let Todd alone, this affair between two apparently reputable physicians might be speedily and amicably settled.

Retained Placenta.

Dr. Hendrick in the *Med. Times*, recommends in ordinary cases —

1. That efforts to deliver the placenta should be made within the first ten minutes following the close of the second stage, believing the vigorous uterus more responsive then than at a later period.

2. That the application of the binder prior to the delivery of the placenta, except in inertia of the womb and delay when the accoucheur could not remain by the side of his patient, is not only useless, but a hindrance.

3. That neither mode, of traction alone or expression alone, is the most efficient or desirable means of aiding in the delivery of the after-birth; but if either mode alone is to be adhered to, that of expression has the advantage over traction in being the more efficient in completing this stage of labor, and also in preventing hemorrhage.

4. That the best method known is the proper combination of the two methods (traction and compression) combined, keeping in remembrance that there is a vast difference between pressing the uterus and compressing or grasping.

5. Never neglect maintaining the firm grasp of the uterus for a period of some minutes following the descent of the placenta.

6. That the best treatment of retained placenta is not to have it; but, having it, to proceed with artificial delivery as soon as practicable; better use the most efficient means that can be deemed judicious than to leave the patient with the greater risk of hemorrhage, and a subject of adynamic and ataxic fever.

7. The best treatment of retained placenta in abortion is to "go for it" as promptly as possible. — *Archives of Gynæcology.*

THE only other hypothesis that need be mentioned maintains that the organized elements of the body — blood globules, nuclei, etc., — by reason of their first exposure to the poison, become physiologically insusceptible to its pernicious effects, just as a drunkard becomes proof against large doses of alcohol, an opium-eater against morphia, or a smoker against tobacco. In each of these cases the susceptibility to the poison is not altogether lost, but a large dose may still prove fatal, and this is precisely what holds also in the bacteridian diseases.

This consideration serves to fortify the doctrine that the immunity from a contagious disease, acquired by a first attack, is due to a habit or acquired power of endurance or resistance, on the part of the living cells or nuclei of the animal body. The doctrine, it is true, is not absolutely proved — it must remain as a hypothetical proposition; but it better accords with and explains observed facts, and is liable to fewer objections than any theory that has come under our notice. We may accept it therefore as a working theory, subject to revision at any future time, should further developments demand this. — *Sanitarian.*

An Analysis of Two Hundred and Fifty Autopsies on Drunkards, Illustrating the Most Prominent Anatomical Lesions of Chronic Alcoholism.

Dr. Formad, in a paper on the above subject, considered the most conspicuous lesions to be cyanotic induration of the kidneys, fatty infiltration of the liver, and mammillated stomach. His cases had been those in which there had been a history of a long-continued series of debauches, the subjects often dying in one of these debauches, and did not include moderate drinkers or those who perished after imbibition of an enormous quantity of alcohol without any previous chronic excesses. He thought that the exposure, irregularities of diet, etc., incident to a state of drunkenness had much — probably more than the alcohol itself — to do with the production of the lesions; but it was not at all possible to separate one from the other. He gave a long list of lesions considered by various authors to be results of chronic alcoholism, among which the cirrhotic liver with contraction held a prominent place. He had himself at one time considered cirrhosis a very frequent, if not almost necessary, concomitant of long-continued, excessive use of alcohol, and had even testified in court that a certain person was not likely to have been a hard drinker, because at the autopsy no cirrhosis of the liver was found. He had thought, too, that the connection between the two was so close that it was impossible to have a case of cirrhosis without a previous history of alcoholism, as is held by various authors. Therefore it

was surprising to him to meet in his two hundred and fifty autopsies with only six cases of cirrhosis of the liver with contraction. In two hundred and twenty cases the liver was considerably or even very much enlarged, the enlargement in most cases proving to be due to a fatty infiltration. Cyanotic induration of the kidney and chronic gastritis, with mammillation of the stomach, were found in nearly every case. This cyanotic induration is peculiar, and differs from the cyanotic induration due to heart disease.—*Phil. Med. Times.*

Circumcision Under Cocaine—Improved Operation.

Dr. E. R. Palmer, Professor of Physiology in the University of Louisville, writes that, desiring to perform cirumcision under cocaine, he determined to use Corning's method of sequestration. The patient, a young man, twenty years old, with a complete congenital phimosis, was seated in a chair, and the penis was seized by my assistant and drawn up firmly. A Martin bandage, seven-eighths of an inch wide and a yard and a half long, was next applied, the first turn being made behind the scrotum to prevent slipping, and the bandage being then wound tightly back and forth from the symphysis pubis to the corona and back again. An ordinary hypodermatic syringe was next filled with a six per cent solution of cocaine, and the needle, directed toward the extremity of the penis, was passed at four different points through the skin over the glans, a fourth of the contents of the syringe being discharged each time into the subcutaneous tissue. No attempt was made to introduce the drug from the mucous surface. In about three minutes I began adjusting a Rogers clamp, occupying as many more minutes in getting it placed to suit me and screwed down. The prepuce was removed with one stroke of a pair of long curved scissors, and the clamp removed. The dorsal artery was found not bleeding; the frænum was not cut. The mucous membrane was split up, and some eighteen sutures leisurely introduced. The bandage was now removed and, contrary to expectation, no hemorrhage ensued. Less than a drachm of blood was lost during the entire operation. The wound was dressed loosely with absorbent cotton wet with equal parts of listerine and water. Not a twinge of pain was felt after the last needle-puncture had been made. The young man, of nervous temperament, was at first quite pale, but later assisted in the stitching, and as he washed his hands after the operation remarked that his penis still felt dead. The wound healed in forty-eight hours by first intention.

The advantages of the bandage are several: It wholly controls bleeding, it localizes the action of the cocaine, and it increases the facility with which the penis can be handled during the operation. The reverse direction for application, that is, from behind forward, will be found the best, because the easiest, and fully effectual.—*Medical Record.*

Bellevue, O., April 20, 1887.

To the Editor of the Era:

Will some one, through the columns of the Era, give the diagnosis and treatment for the following described case:

Patient is a married man 53 years old, good family history and no bad habits. A barber and hair-dresser by trade. About 12 years ago had a severe attack of acute rheumatism, otherwise his health had always been good. Eight years ago the present trouble began. Patient is suddenly seized with a severe boring pain, commencing in the region of the gall-bladder and extending sometimes upwards and backwards for about four inches, and then suddenly ceasing. At other times it seems to pass to the left or downwards. At each attack the pain comes and goes very suddenly, lasting from ½ to 3 hours, usually not over an hour. The pain is extremely severe, compelling the patient to walk the floor. Cannot bear the least pressure over the region affected.

Pain is liable to come when patient is asleep as when at work. Six years ago the trouble ceased for about four years and then returned. Attacks come more often than formerly; frequently three attacks will occur within 24 hours; hardly a week passes but what he has several attacks.

Both "Regulars" and "Rationals" have treated the case with no apparent improvement. A search for biliary calculi was unsuccessful.

Patient can follow the movement of the pain and if it has not "gone far enough" he will predict its return within a moment or two.

I shall be glad to receive any advice given.

H. M. H.

The Great Physicians and the Apothecary.

A STORY WITH A MORAL ABOUT CONSULTANTS.

Once upon a time a certain apothecary was called to attend a man who was sick of the fever and lay grievously ill and like to die. Now it came to pass that the friends of this man, who loved and cherished him, were much desirous of having the benefit of an older and more experienced physician, who should say whether or no this man could be so treated as to recover, inasmuch as his apothecary thought him like to die. So this great physician came, and behold he talked learnedly and doctorally with the man's friends, and said,—"Lo, this man is sore ill, and I fear me for him, but verily I will do all I can for him, and watch over him."

So this physician and this apothecary visited this man twice in the day, yea, and even oftener. But the apothecary waxed wroth, and said unto himself, "Lo, I have called upon this physician, and he came, but now he goeth not away."

So he consulted with the man's friends, and they agreed that another great physician should be summoned to the sick man's bedside, albeit the apothecary, who was a cunning man, thought by this means to get rid of the first physician, whose company he loved not. But, behold how a man may be deceived. This second great physician did even as the first, and now the two physicians and the apothecary waited on the sick man in the forenoon and again in the evening.

And now the apothecary was sore vexed, and he cursed the day on which he was born, and he said in the bitterness of his heart, "I will arise and call on the very prince of physicians, for he is so great that he will surely send the other physicians away and leave me with the patient, whom I am no longer able to advise; and in this wise I shall not lose my patient, neither shall I be sore angered as heretofore."

So he went thither and called him, and the prince of physicians came in a chariot drawn by two fiery steeds, and he pleased unto the friends of the sick man, and they said, "Verily we are pleased with this great physician;" and they told the apothecary, "Behold, now that this great physician comes, so have we no more need that you should quit your other sick people to see this man; so, prithee, return unto thy house lest you be wanted elsewhere."

So this poor apothecary went his way — not rejoicing — and he told his wretched plight unto sundry of his brother apothecaries, who loved not the action of these physicians, albeit great men of their day, and there was much bad language said on that day.—*Hospital Gazette—Month. Hom. Review.*

Anatomical Evidence.

THE Paris correspondent of the *Brit. Med. Jour.*, reports the particulars of a remarkable trial for murder held recently at Rodez, in the south of France, where a self-accuser was proved to be innocent, and the true criminal detected by medical evidence. Last August, a woman, named Melaine Vieu, went to register the death of a child, which she had wrapped up in her apron. The registrar examined the child, as is customary, and observed finger-marks on its throat. The mother then declared that she had strangled her infant. She was sent to prison; but Dr. Desmont, who had been directed to examine the body of the child, stated that it had certainly been strangled, but not by its mother. Her hand was more delicately formed than that of the murderer, which had left its impression on the child's neck. The fingers of the guilty party must have been short and thick, the index-finger being unusually short, and apparently devoid of a nail, defects which the witness indicated as valuable clues for the discovery of the murderer. Melaine Vieu finally admitted that the murderer was a man called Bonuet, and that she was his servant. The accused was arrested, and his index-finger was found to be one centimetre shorter than the average length of that member, and its nail had been destroyed by accident or disease. Bonuet was sentenced to six years' imprisonment.

Novel Payment.

DR. GARDINI related to me that about 25 years ago, when still a student of medicine, he had to attend, in the clinique, an old Italian woman suffering from consumption; she had been already a few weeks in the hospital without having obtained any relief, when the professor of the clinique, while making his round, told Gardini that there was not much hope for the poor patient. She overheard the conversation between the teacher and the pupil, and told Gardini after

the visit that she would not like to die in the hospital and would rather go home. Gardini continued to visit her at her house and to prescribe for her, when, to his surprise, the poor woman got better and fancied herself cured.

A few weeks later, while at dinner, a rough and wild-looking man called at his house, but the servant did not like to permit such a rough looking man to enter, and Mr. Gardini went out and was struck with the wild and unsympathetic aspect of the man, who told him:

"Sir, I am the son of the old woman you have so kindly attended and cured. I am very poor and am sorry not to be able to repay you with money, but I would like to serve you or do anything in my power to please you instead of paying with money."

Gardini thanked him for his very kind offer and was pleased with the expression of the man's gratitude. Finally the man said:

"Sir, is there anybody who has caused you any annoyance or is your enemy, and if you tell me who it is you might be sure that within three hours I shall finish him."

This happened about the year 1860, when Italy was still oppressed by the Pope and the many Italian sovereigns, and when Italians themselves were prevented from visiting Rome or Naples; and when they received the permission to do so, had to give an account of their object in visiting these towns, what business they had; their passports were taken away and exchanged by a "permis de ségour" for two or three days; they had to name a person as security for their behaviour, and were watched by the police, and if they showed the least indication of being political emissaries or advocates of liberty they were at once sent away. Such was the state of Italy at that time.—*Month. Hom. Review.*

Lantern slides.—Thin, transparent sheets of gelatine, which may be obtained at almost any lithographing establishment, are procured, laid over the diagrams or drawings to be exhibited, and by means of a fine steel point the lines are traced in the gelatine. The sheets are now each bound between two plates of glass of the ordinary lantern size, and the slides are completed. When projected on the screen the lines scratched in the gelatine appear dark and distinct on a brightly illuminated ground.—*West. Druggist.*

MISCELLANY.

This Journal is on file at King's Medical Advertising and Purchasing Agency, 779, Second Avenue, New York, where advertisements and subscriptions may be placed at our regular rates.

Annales de l'Institut Pasteur.—M. G. Masson, 120, Boulevard St. Germain, announces the journal of this name, soon to appear, to be published monthly, under the editorship of M. Duclaux, with the assistance of MM. Grancher, Chamberland, Nocard, Roux, and Straus.

In 1883 compulsory vaccination was abolished in Zurich, Switzerland. In 1882 there were no deaths from smallpox; in 1883, in 1,000 deaths 2 were from smallpox; in 1884 there were 3 in 1,000; in 1885 there were 17 in 1,000, and in the first quarter of 1886 there were 85 in 1,000.

A. C. E.—The editor of the *Monthly Homœopathic Review* says that the A. C. E. mixture—equal parts of alcohol, chloroform and ether, the anæsthetic so much used by English surgeons—has been proved to be safer and better in every way than either chloroform or ether alone.

Kansas.—The nineteenth annual meeting of the Homœopathic Medical Society of the State of Kansas will take place at Wyandotte (Kansas City, Kansas), May 4th and 5th, 1887. Many papers have already been announced by title, and a profitable meeting is assured.—P. Diederich, M. D., *Secretary.*

The London *Lancet* has a plea for the better care of babies when taken out for an airing in their little carriages. According to one doctor's testimony, 124 out of 1,000 children in his district died during their first year from cerebral and pulmonary diseases, caused by exposure in perambulators.

The Chironian.—We shall miss the semi-monthly visits of this excellent journal during the summer season. Although conducted by

students, it may well take rank with many of its more pretentious contemporaries. The Managing Editor for next year will be R. E. Hinman, who has an able corps of assistants.

ACONITE, Arsenicum, Baptisia, Belladonna, Hyoscyamus, Bryonia, Cantharis, Chamomilla, Cimicifuga, Ignatia, Natrum mur., Pulsatilla, Stramonium, Sulphur, Veratrum alb., and Veratrum viride are the remedies mentioned by Dr. Talcott as being most frequently used at the Middletown Asylum in the treatment of the insane.

ERRATA.—It is doubtful if there is a compositor in the world who knows that there is such a word as *clinical*, for too often it makes its appearance in print as *chemical*, and in this plausible form passes the proof-reader's searching gaze. In Dr. Clifford Mitchell's article last month (p. 105) "Chemical significance" should read *clinical significance*, while everybody knows that he never wrote *qualitive*, for qualitative, as the types would ask us to believe.

A CORRESPONDENT writes for an explanation. He does not understand the following language in the article on "Chronic Galactia," p. 78, March *Era:* "She was able to nurse the boy only a week and a half.....The child was never put to the breasts and still they remained active." The contradictory statement is due to the omission of the one word, *again*. Read: "The child was never *again* put to the breasts," and it all becomes as clear as Dr. Bliem intended it should be.

FOREIGN BODY IN LARYNX.—Recently a negro boy, aged nine, was brought with a cockle bur lodged in his larynx. His voice was almost gone, and respiration was much interfered with. With his finger introduced well down the throat, Dr. Crawley could feel the bur. Having no instruments at hand, he wrapped some cotton round the end of his right index finger, which he then passed down to the bur, and by a rotary motion he sought to entangle in the cotton the prickles of the bur, and thus withdraw it. After several attempts he succeeded in extracting the bur by this ingenious method.—*Medical News.*

NEW COLLEGE BUILDING. The New York Homœopathic College is to have a new college building and hospital, to be erected at a cost of a hundred thousand dollars. Two of New York's wealthy citizens have pledged twenty-five thousand dollars each in aid of the enterprise, and members of the faculty have contributed liberally, thus swelling the amount to seventy thousand. The rest it will be easy to raise. We congratulate the New York school on these evidences of prosperity.

And yet there are mugwumps who say that we should give up our organization, and bury our name. Let their names be buried first!

THE MISSOURI INSTITUTE OF HOMŒOPATHY held its eleventh annual session at St. Louis, April 26 and 27, in Parlor 22 of the Lindell Hotel. The officers are;

President—Joshua Thorne, M. D., Kansas City, Mo.

Vice-President—S. E. Miles, M. D., Boonville, Mo.

General Secretary—Moses T. Runnels, M. D., Kansas City, Mo.

Prov. Secretary—L. J. Olmsted, M. D., Kansas City, Mo.

A reception was given at the residence of Dr. J. Martine Kershaw, Tuesday evening, and a carriage ride to all Wednesday morning.

THE MEDICAL CURRENT comes to us in a new form, with one new editor, and as a bi-weekly. F. A. Newman, M. D., has become associated with W. E. Reed, M. D., in the Editorial department. We welcome Editor Newman to the fraternity in Chicago, and congratulate the publisher of the *Current* on his good fortune in securing his services. In the opening number Editor Reed has an able editorial on the "Physicians of the Future," in which he takes a position corresponding to that for which the ERA has long been contending. The *Medical Current* is always a welcome visitor at the office of the ERA.

THIRST IN INFANTS.—It is a mistake to suppose that because milk is a liquid food it is at the same time a drink which is capable of satisfying the thirst of infants. Although milk appeases hunger, it makes thirst more intense after it has stood awhile in the stomach and digestion of it has begun. It is thirst which causes healthy, breast-nourished infants

to cry for long periods of time in many instances. There are many cases of indigestion due to weakness or insufficiency of the child's gastric juice which would be greatly benefited or even cured if the child were allowed an occasional drink of water.—*Arch. Pediatrics.*

Nasal Polypi.—Dr. Wm. R. Bell, *Canada Medical Record*, describes a new, painless and simple method of removing nasal polypi. His patient is instructed to blow strongly through the affected nostril while he closes the other with his fingers. This brings the polypus down so that it can be seen. He then injects into the tumor, with a hypodermic syringe, fifteen or twenty minims of a solution of tannin in water (twenty grains to a fluid drachm). In a few days the tumor shrivels, dries up and comes away without trouble or pain, the patient usually removing it with his fingers or by blowing his nose.—*Buff. M. & S. Journal.*

Dr. Holmes' Country Doctor.—Dr. O. W. Holmes makes one of the characters in "Elsie Venner" say: "Oh, yes! country doctor — half a dollar a visit — ride, ride, ride all day — get up at night and harness your own horse — ride again ten miles in as now-storm — shake powders out of two vials — (pulv. glycyrrhiz., pulv. gum acac, aa part. equales) — ride back again, if you don't happen to get stuck in a snow-drift — no home, no peace, no continuous meal, no unbroken sleep, no Sunday, no holiday, no social intercourse, but one eternal jog, jog, jog in a sulky, till you feel like the memory of an Indian who has been buried in a sitting posture, and was dug up a hundred years afterward."—*Cal. Med. Journal.*

Breast-pumps.—Very often it becomes necessary to empty the breast of milk to relieve pain. This is best accomplished with a soda-water bottle. Heat the bottle very hot in boiling water, wrap a cold wet cloth round the neck near the mouth, introduce the nipple into the mouth of the bottle, and press against the breast as firmly as allowable. As the bottle cools the suction increases, and this takes place so slowly that the suction is very gentle, but at the same time very strong. With this method I have succeeded in drawing milk from a breast when every other means had failed. Many of the breast-pumps found in the shops are simply barbarous.—*Dr. Brush in Medical Record.*

Owing mainly to the exertions of Crown Prince Rudolph, vaccination has been made compulsory in the Austrian army. Since last October all the soldiers in active service have been vaccinated, and the effects of this measure are manifesting themselves in the fact that among the thirty to forty small-pox cases which have been daily reported in Pesth for some months, there has not been a single soldier.

Prof. Huxley says that in a man weighing 155 pounds the different portions are as follows:

Mucles, ligaments, etc.	68	lbs.
Skeleton	24	"
Skin	10½	"
Fat	28	"
Hair	3	"
Thoracic viscera	3½	"
Abdominal viscera	11	"
Blood, which would drain	7	"
	155	lbs.

[This item has been going the rounds of the medical press. It may be approximately correct in some particulars, but who believes that a man has three pounds of hair? He puts the weight of the thoracic viscera — heart and lungs — at 3½ lbs., and the hair at 3 lbs. — almost as great! It is wrong, and the table needs revising.—Ed.]

Diphtheria.—There are those who advocate and practice the giving of dog's milk (*lac caninum*) as a remedy in this foul and deadly scourge, and that, too, in the proportion of one drop to a hundred thousand or million of water. While it may be possible to imagine one so far lost to all the finer instincts of humanity, even while not really insane, as to be capable of quietly sitting by, and with an air of solemnity and professional dignity practicing such tomfoolery upon an ignorant but trusting neighbor's child until death relieves the little sufferer and thus closes the ridiculous but melancholy scene, yet it is quite impossible to believe any one, not actually bereft of reason, so possessed of stoical indifference, not to call it by any worse name, as to be willing to practice such incomparable fanaticism upon his own flesh and blood; and yet we are told that such is

the fact, and that such physical and mental monstrosities do exist.—Dr. A. I. Sawyer, in *The Clinical Review.*

SUPPURATION. — Regarding the question whether foreign bodies, by themselves, are capable of producing suppuration, Dr. H. Knapp, as the result of a series of experiments, came to the conclusion that, if they were introduced antiseptically, they would produce no suppuration, and that they could remain indefinitely without this being the case. By way of illustration he exhibited a rabbit into the cornea of one of the eyes of which he had introduced, by means of sterilized instruments, a piece of rusty hair-pin, after having first brought the latter to a glow for the purpose of destroying any organic matter that might be attached to it. The result was, that no suppuration whatever had been produced, although the foreign body had now been in the eye for quite a long time. Into the cornea of the other eye of the same rabbit, however, he had introduced a piece of the same rusty hair-pin, which had been dipped in fluid containing pyogenic fungi; and within twenty-four hours a violent phlegmon was set up which soon completely destroyed the eye.

THE LEAGUE. — The tracts which have been sent out by the English League make interesting reading for all friends of homœopathy. Physicians in America who are in parts of the country where homœopathy is but little known, would do well to obtain a supply for distribution among their friends. The numbers already issued are:

1. Why should the Friends of Homœopathy form a League?
2. What is Homœopathy?
3. Origin of Homœopathy.
4. Hahnemann's achievements in Medicine and the Allied Sciences.
5. Statistics of Homœopathy.
6. Persecutions of Homœopathy.
7. Testimony of Opponents in Favour of Homœopathy and its Founder.
8. Influence of Homœopathy on Ordinary Practice.
9. Allopathy Judged by its Professors.
10. Eminent Physicians who have embraced Homœopathy.
11. Official Trials of Homœopathy.
12. Dangers of Modern Medicine.

Copies of these tracts may be obtained at the rate of twenty cents per dozen. Address the Secretary, Mr. E. H. Laurie, 16 Blandford Square, London, N. W.

A BRILLIANT HIT.—The story of the doctor who assured the parturient patient that he "understood her case," and that he "had a man patient up town affected in the same way," has been discounted lately by a Texas physician, not a thousand miles from Austin, who made a diagnosis off hand with great confidence. He was consulted by the wife of an influential citizen, who said, "Doctor, my baby is strangely affected, and I want you to tell me what's the matter. Whenever it goes to make water it seems to suffer great pain, and almost goes into convulsions, turning blue in the face, and throwing itself back till nothing but the heels and head touch the bed. What is the matter with my baby?" "Why, my dear madam," replied the doctor, with the pompous and confident air of one who saw his opportunity for a brilliant hit, "it is a clear case of elongated and perhaps adherent prepuce." "Ah, indeed!" said the lady; "and are you *sure*, doctor, that is what ails it?" "Perfectly sure, madam; couldn't be mistaken; had thousands of such cases." "And what can you do to relieve it, doctor?" "Oh, simple enough, my dear madam," said the doctor, "I'll just remove the surplus prepucial tissue, stitch the integument and the mucous membrane back with a couple of antiseptic sutures, and the little fellow will be all right," said the doctor, with a bland and know-it-all smile. "But," said the lady, with a mischievous twinkle in her eye, "doctor, my baby is a girl!" Exit the doctor, who had a patient to see just about that time. Fact.—*Daniel's Med. Jour.—Med. Register.*

Theoretical prescriptions on pathological grounds, as against symptomatic prescription, have not been successful, but in my experience I have had some remarkable results in prescribing theoretically in other ways, and I was supported in that by the authority of Hahnemann, Bœnninghausen and others. I was led to the consideration of this subject by noticing the frequent occurrence of cases of colds and so-called muscular rheumatism, from changes of clothing. I have seen favorable effects follow the use of mercury of different kinds, so that I am inclined to prescribe that when such cause can be shown to

exist. Among the cases I had in mind, I have seen what would be diagnosed now as paraplegia of spinal origin, cured by *Dulcamara*, prescribed simply on the causal indication. The case was one which Dr. Wood sent me of incipient locomotor ataxia, having the lightning pains, and in some degree Romberg's symptoms. The patient had been exposed repeatedly to wettings, and had been sent to New York for treatment. I gave him *Rhus*, and he got well, and he is well now.—J. T. O'Connor, *in N. A. J. of Homœopathy.*

In treating the various forms of kidney lesions, we must make a distinction in estimating the value of symptoms. In acute nephritis we must look chiefly to the symptoms directly caused by the lesion in the kidney, but in searching for the remedy for the chronic lesion, I am more and more persuaded that to be successful we must eliminate in a great measure the symptoms directly dependent upon the function of the kidney, and therefore, in prescribing, I ignore these acute symptoms as far as possible and search back in the history of the patient for other indications, a method of prescribing which I think we have to follow more or less in all chronic cases. I think fully seventy-five per cent of the cases of chronic Bright's may be cured readily in the earlier stages or may be so modified that the patient can enjoy fair health.—T. F. Allen, *in N. A. J. of Homœopathy*

It is the duty of every homœopathic medical college to teach everything which *is taught in any medical college, fully and thoroughly,* PLUS HOMŒOPATHY. The latter is only the science of therapeutics, as far as homœopathic drug action is concerned, and even a puke or purge may be necessary in cases of poisoning, to remove rapidly the poison out of the body; and when collapse threatens, woe to the physician who does not know when and how to apply electricity. How often has a warm, or even a cold bath or sponging quieted the raving maniac? Sleep followed, and allowed the physician time to get at the similimum of the case. The homœopathic healer must be the peer of his allopathic colleagues; he must know how to handle the whole medical and surgical armamentarium, and he must feel an honest pride that in most cases *homœopathy alone* suffices to restore that equilibrium which some known or unknown potency had disturbed.—S. Lilienthal, *in N. A. J. of Homœopathy.*

THE Secretary of the Kansas Society sends out the following unique circular:

WANTED.—Two hundred Homœopathic M. D.'s to attend the annual meeting May 4th and 5th. One hundred new members to the Kansas State Homœopathic Society. Fifty old members to settle back dues. Twenty-five hard-working members to prepare papers for 1888. Eleven prominent and experienced chairmen for 1888. Five excellent M. D.'s for officers for 1888. One of superior executive abilities and strong magnetic power for President for 1888. One poor M. D. with indolent proclivities for Recording Secretary. (High salary and little work is concomitant with this office.) Fifty chronic grumblers to tell how everything might have been better done.

Fraternally yours,

P. DIEDERICH, *Rec. Sec.*

THE IMMEDIATE CURE OF WHOOPING COUGH.—Mohn of Christiana communicates to his Norwegian confreres a new method of treatment for whooping cough, for which he claims remarkable results, the disease being cured in a single night. His plan consists simply in the thorough disinfection, by means of burning sulphur, of the rooms, clothing, etc., used by the affected children. The children are taken out of the room, the bedding, furniture and play-things are exposed and two ounces of sulphur are burned for every 100 cubic feet of space in the room. After the room has been thus exposed to the sulphurous acid fumes the affected children are allowed to return and occupy it. As a result of this treatment it is claimed that attacks of coughing are immediately alleviated, and often entirely disappear.—*Buffalo Med. & Surg. Journal.*

BERGEON'S new treatment for consumption, by rectal injection of a mixture of carbonic acid gas and sulphuretted hydrogen, is having a thorough trial. Many physicians in Chicago are using it, with apparently favorable results.

Raphanus in Sexual Insomnia.

I have recently seen two cases of insomnia depending on immoderate sexual desire relieved promptly by *raphanus sativus*. One was a young Oxford graduate, from whom I had removed a generally adherent prepuce for an epilepsy that was undoubtedly reflex. The sutures were dragged at and the healing delayed by furious priapism. This disappeared on administering a dose of *raphanus* in the 1st decimal dilution each night. The other case was a lady of 40, with general pelvic congestion of venous character. Old left parametritis was present, and the deep pelvic glands were chronically enlarged and tender, the sheath of the left psoas much affected. *Origanum*, prescribed by our late *confrère*, Dr. Bayes, had failed, after repeated trials, to relieve. Some benefit followed *platinum*, but *raphanus sativus* gave the most satisfactory results.

Itching of the Skin.

Intolerable irritation in the great cutaneous track is so frequently the immediate factor in staving off sleep that I cannot pass it unnoticed. In the acute form of urticaria instantaneous relief may be obtained by the use of very hot bath followed by the topical application of *chloral hydrate* ℥j, *glycerine* ℥j, merely smeared over the affected parts. We know how thoroughly homœopathic *chloral* is to nettle-rash.

In milder cases *pulsatilla*, *sulphur*, *apis*, *aconite*, *oleander*, *clematis* are sufficient. I have seen no good results from *urtica urens*. We may earn the gratitude of patients with a dry, scaly eruption by ordering *carbolic acid*, *kreosote*, or *liquor carbonis detergens*, combined with some appropriate vehicle as cosmoline, vaseline or lanoline. The wife of a medical friend suffered from itching psoriasis till stung by a bee. After taking this inadvertent dose of undiluted *apis mellifica* the irritation ceased altogether, though the rash remained behind. The congested skin of old age is very prone to itch; *codeia* may be tried, and in obstinate cases hydropathic packs may be thought of. Lastly, pelvic congestion in men and in women alike, has to answer occasionally for insomnia. Hot douche at night into the lower passages, or swift cold sitz in the morning, greatly help the action of our tried and valued auxiliaries, *belladonna*, *nux vomica* and *sulphur*, *etc. Cina*, *ign.*, *sulphur*, and hot compress on the cæcum, hot rectal injections, and a well-oiled anus are indicated for verminous insomnia.

Finally, I attach immense importance to diet. When we are young we do not need food for sleep, and we are apt to forget to order it for the insomnia of middle and later life. For my sleepless patients, especially if gout be not present and the heart be thin, I am in the habit of ordering a perfect larder to be arranged at the bedside. Convenient forms of nocturnal nourishment are toast-biscuits and cold homœopathic cocoa. In cases of wasting lung-disease, the time-honoured remedy, old rum in sweetened milk, suits admirably.

Cook County Hospital.

The Board of County Commissioners of Cook County appointed the following named physicians as the staff for the Homœopathic department of Cook County hospital: Drs. A. W. Burnside, Charles Adams, A.W. Woodward, J. W. Streeter, F. H. Newman, N. B. Delamater and Charles Gatchell.

PERSONAL.

Dr. W. F. Knoll will spend the summer in Germany.

Dr. Sheldon Leavitt has removed his office to his residence, 148 Thirty-seventh Street.

Dr. E. M. P. Ludlam has removed his residence to 397 W. Monroe St., and his office to 89 E. Madison St.

Dr. J. W. Barnsdall, formerly of St. Paul, Neb., has removed to Omaha, where he has offices in Arlington Block.

Dr. John N. Taylor, of Crawfordsville, Ind., has been appointed by the Governor as a member of the Board of Health of that State.

Drs. Mayer and Monroe, of Louisville, have dissolved partnership. Dr. Mayer's office is at 635 Third Ave., and Dr. Monroe's at N. E. cor. Third Ave. and Chestnut st.

Dr. A. W. Woodward has passed through a severe attack of diphtheria, but now, we are happy to state, is convalescent, and will soon again be in a condition to attend to the demands of business.

Dr. Wm. C. Richardson, has removed his down town office to rooms 16, 17 and 18, Turner Building, No. 304 North Eighth street, between Olive and Locust. Residence remains at 3216 North Eleventh street, St. Louis.

Examination in Materia Medica.

What remedy has always a nightly aggravation? *Ache-o'-night.*

What remedy is a specific for the blues? *Aurum met., crude.*

If you were frescoed all over with condylomata, would you fear that the gonorrhœa had gone clean *Thuja?*

Is grinding of the teeth a good *Cina* worms?

Might not a mucilaginous diarrhœa be due to a *Gummi-gut?*

Old lady: "Pardon me, doctor, for calling you out so far such a rainy night, but I wanted to know if I could eat the candy that my niece sent me."

Professor: "Against this disease, gentlemen, there are only two remedies, and they are neither of them of any account."

Doctor: "Oh, I wouldn't bother about that headache."

Patient: "Neither would I if you had it."

Professor of the policlinic: "Gentlemen, look at this man, observe him attentively but do not question him. Aside from any acute trouble that may have brought him here, what is the matter with him? Look at the expression of his eyes and mouth. You should cultivate the powers of observation. Do you not see it? None of you? Well, gentlemen, I have not examined the patient any more than you have, but that man is dumb."

Patient: "No doctor, you are thinking of my brother. He is outside. Shall I call him?"

A Splendid chance for a good physician. The best practice and best location in northern Illinois, for sale "cheap," with or without residence and office. Good reasons for wishing to sell. Address

Dr. P. I. Cromwell,
De Kalb, Illinois.

Diseases of children resemble those of the adult in location and name, but differ greatly in symptoms.

BOOK REVIEW.

A Practical Treatise on Obstetrics. Vol. I. (4 vols.), Anatomy of the Internal and External Genitals, Physiological Phenomena (Menstruation and Fecundation). By A. Charpentier, M. D., Paris. Illustrated with lithographic plates and wood engravings. This is also Vol. I. of the "*Cyclopedia of Obstetrics and Gynecology*" (12 vols.), issued monthly during 1887. New York: William Wood & Company.

"During the past twenty years works on obstetrics have been published in such numbers, that our classical treatises are no longer exact exponents of modern science. My positions have compelled me to keep abreast of the progress in this science, as well in the theory as in the practice, and my personal experience has been ample enough to allow me to judge of the value of the works that have appeared during this time. My aim then has been to write a treatise on Obstetrics which, while essentially practical, would give to the practitioner a sufficient, although a condensed knowledge of modern researches, and thus to fill in the gaps which exist in our classical treatises."

This is an extract from the author's preface. And it must be acknowledged that he has done his work well. In the words of the editor's preface, "Charpentier's work on Obstetrics is the most complete in any language." With the notes and emendations made by the American editor, it forms the best work on obstetrics in our literature.

But the marvel is how a publisher can offer a book of more than 500 pages, well bound in cloth, handsomely printed, and containing 267 fine wood engravings and four colored plates, for one dollar and a half, which is the price of this volume.

Mr. Bunner, in Scribner for May, concludes, with its finest chapter, his delightful "Story of a New York House." This story, with its quaint illustrations by Frost, has proved one of the most notable contributions to recent fiction.

How many boys who whistle "Marching Through Georgia" know the story of "Sherman's March to the Sea"? General Adam Badeau tells it in the May St. Nicholas, and it reads like a tale of adventure — which in fact it is — the biggest adventure in modern times.

SPECIAL NOTICES.

Smith and Shaw make the closed cell pocket battery.

Colden's Liquid Beef Tonic differs essentially from all other beef tonics.

Orificial Surgery. By E. H. Pratt, M. D. Published by W. T. Keener. Price $1.50.

Farwell & Rhines have their Gluten Flour on sale at the store of C. Jevne, Madison street.

T. Engelbach, 154 Canal Street, New Orleans, has the leading Homœopathic Pharmacy in the South.

Scott's Emulsion of pure cod liver oil with Hypophosphites of Lime and Soda, is a standard article.

Horsford's Acid Phosphate is universally recommended and prescribed by physicians of all schools.

Nestle's Milk Food, for general use, has done much to diminish the mortality from Cholera Infantum.

Murdock's Liquid Food is recognized in all countries, and is indorsed by all national societies that have investigated it.

Lactated Food, by its use in cholera infantum and dysentery has become established as the best possible aid to the physician.

Gross and Delbridge have for sale complete apparatus for the rectal injection of gases, according to BERGEON'S method.

The McIntosh Battery Co. will send free, on application; an Illustrated Catalogue, giving a full description of all their goods.

Ridge's Food has been before the public for *fully thirty years,* and its use is simply enormous. It often succeeds where others fail.

R. Boericke & Co. are selling a great many of De Pew's Convertible Gynecological chairs, which they manufacture in a superior style.

Cherry Malt Phosphites is a stimulant and nutrient, especially adapted to sensitive organizations. Address the Liebig Pharmacal Co., New York.

Fairchild Bros. & Foster, New York.—By reference to the advertisement of this firm, our readers will find something of interest regarding alimentation.

Lees, Hendricks & Co. make an extract of beef which, from its many excellent qualities, is called "THE BEST." It is a wholesome, palatable and nutritious extract of beef.

The Lambert Pharmacal Co., 116 Olive street, St. Louis, make LISTERINE, which comes nearer being an ideal antiseptic than any preparation now before the medical world.

Mellin's Food has the farinaceous matters guarded by malt, and Dr. Eustace Smith, of London England, says that no food not prepared in this way should be given to a child younger than six months.

The Galvano-Faradic Manufacturing Co., 300 Fourth Avenue, New York, make all kinds of standard electrical apparatus, and keep electrical supplies of all kinds. Send for their illustrated price list.

The Chas. H. Phillips Chemical Co., 30 Platt st., New York, are introducing an elegant combination of Syr. Wheat Phosphates, with Quinine, Iron and Strychnia, which is highly recommended as a General Tonic.

Reed & Carnrick have issued a very useful book of diet tablets, which must prove to be a great convenience to the physician. It simplifies this part of the physician's duty very much and should come into general use.

Seabury & Johnson are the sole importers of of the new antiseptic Hydronaphthol, which has an antiseptic power far greater than that of carbolic acid. The price is 20c per oz., post paid. Address 21 Platt st., New York.

Glycosone is a *perfect* antiseptic agent. It destroys all microbes instantly, while at the same time it is non-poisonous to the one using it. Write to F. A. Reichardt & Co., 96 Liberty street, New York City, for a descriptive pamphlet.

Lactated Food.—F. H. Foster, M. D., Chicago, Ill., writes: "I have used Lactated Food in my own family for the baby, substituting it for the natural food. Also used it with my patients to a considerable extent. In every case where it has been used, it has given excellent satisfaction."

Bovinine.—I have been prescribing *Bovinine* in my practice for some time, and am highly satisfied with the results. In one case of *Typhoid Fever,* where every other nourishment was rejected, the Bovinine was retained, and, I feel confident, *saved my patient.*

JOHN MILTON DUFF, M. D.
Professor of Obstetrics in the Western Pennsylvania College.

The latest antiseptic and disinfectant obtained from the phenol series of coal tar derivatives, is rapidly forging its way to the front in popular estimation. Surgeons and gynecologists everywhere both in hospital and private practice accord it the highest possible merit for all the purposes of an antiseptic and disinfectant. Its freedom from odor, poisonous properties or corrosiveness, gives it preference over carbolic acid and other antiseptics heretofore employed. A book fully describing HYDRONAPHTHOL will be mailed free to physicians applying by postal to Seabury & Johnson, Manufacturing Chemists, 21 Platt street, N. Y.

THE CENTURY for May is, as usual, crowded from cover to cover with the choicest literature, and the illustrations are of the high standard which has made them so famous.

THEY SAY

That lead pencils are not made of lead.

That amyl nitrite will antidote cocaine.

That the real physician is the one who cures.

That M. D. sometimes means milk distributor.

That ipecacuanha is being cultivated in India.

That there has been a small-pox scare in Chicago.

That Dr. William A. Hammond has lately been married.

That the "living skeleton" is now a dead skeleton.

That Nebraska has established a State Board of Health.

That Cincinnati will soon have a Woman's Medical College.

That the period of incubation in measles is eight or nine days.

That a diphtheria patient should have an abundant supply of fresh air.

That gonorrhœal arthritis is due to the presence of the gonococcus in the joint.

That three physicians were among the signers of the Declaration of Independence.

That two cases of infection with syphilis by the razor have recently been reported.

That the best treatment of retained placenta is to "go for it" as promptly as possible.

That an atmosphere containing 8 per cent of coal gas will destroy life very quickly.

That perineal laceration is oftener caused by the passage of the shoulders than of the head.

That the Faradic current will induce uterine contraction and check post-partum hemorrhage.

That an induction apparatus has now been perfected, which will locate a leaden ball in the body.

That a majority of the Hottentots of South Africa use the left-hand in preference to the right.

That no case of diphtheria can be considered out of danger until all risks of paralysis have passed.

That partial excision of the pancreas for injury or disease is a feasible and justifiable procedure.

That specifics for tapeworm continue to multiply in number. Each worm can have its own specific.

That the people of Central Asia eat their dinner backwards — first fruit and sweets, then meat, and lastly soup.

That parents with a family history of consumption are less prolific by nearly one-half than those who are healthy.

That an exchange says:—"No one will doubt the usefulness of bitch's milk." We have never doubted its usefulness — for pups.

That the present epidemic of cholera has invaded Australia, it being the first time that it has ever appeared on that continent.

That efforts to deliver the placenta should always be made within the first ten minutes following the close of the second stage of labor.

That there are from 1,500 to 2,000 more physicians in this State than are necessary to supply the legitimate demands for professional services.

That people with tape-worm become ill and uneasy whenever they hear music. We have always claimed that tape-worms had no ear for music.

That children born of phthisical parents are liable to pulmonary consumption three years earlier on the average than those born of healthy parents.

That Lawson Tait has operated seven times by laparotomy in cases of extra-uterine fœtation, and saved six patients, and the child of the fatal case.

That a quack doctor said to a patient — "You take a bottle of my medicine and you'll never cough again." "Is it as fatal as that?" gasped the patient.

That Kocher's method of preparing cat-gut for sutures is to soak it in oil of juniper for two days and then transfer it to bottles of alcohol till wanted for use.

That a doctor was attending a case of cerebro-spinal meningitis when the father of the patient asked if he couldn't call in a consultant who made a specialty of that disease!

That in many of the States a physician cannot be compelled to reveal on the witness-stand knowledge acquired while in attendance on a patient in a professioual capacity.

That the Physicians' Association, in Germany, has issued a circular advising young men not to enter the medical profession, as the prospects for doctors is yearly becoming worse.

That post-partum hemorrhage occurs about two and a half times more frequently when the delivery of the placenta is treated on the expectant plan, than when Credé's method is adopted.

That a red-headed person has 90,000 hairs in his head; a person with black hair, 108,000; with brown hair, 109,000; with blonde hair, 140,000; while a bald-headed man has more than 000,000,000.

That a man named Wight, at Otisfield, Maine, died recently at the age of 90, having never in his life been ill a day He is said to have eaten a half pint of ashes every day for many years, but this is probably a concentrated lie.

That a positive test of death may be made by tying a string about the finger of the supposed corpse. If the finger beyond the constriction turns bluish red, from engorgement of the veins, there is still circulation, and life is not extinct.

That a doctor in California prescribed some rectal suppositories for an old soldier. The next morning the doctor asked him how he was. He answered: "First rate, doctor; but them cartridges was mighty hard to swallow. I managed to get 'em down, though."

THE MEDICAL ERA.

CHICAGO, JUNE, 1887.

JAMES E. GROSS, M. D., } *Editors.*
CH. GATCHELL, M.D., }

AN HISTORICAL LETTER.

We take great pleasure in giving space to the following letter from Dr. Gerard Smith, of London:

To the Editors of The Medical Era.

Gentlemen:—I have just seen your journal of March, and finding therein an accusation against myself of "unfairness and want of candor" with regard to an extremely insignificant note of mine in our *British Medical Journal*, *re* Pulsatilla and Orchitis. I now ask you kindly to allow me a word in defence.

So far from learning from Brunton the very simple and obvious use of Pulsatilla in Orchitis, I learned it direct from Hahnemann, and I appended to my letter to the editor of the *British Medical Journal* a paragraph giving my reasons for using the drug, which remarks amounted very plainly to an acknowledgment of the source of my information.

That paragraph was suppressed by the editor.

But, do you think that my brethren of the British Medical Association would test a medicine, or even consider the reasonableness of so doing, unless it were backed by the advice of some fetish like Brunton or Ringer?

Perhaps you don't understand us over here; most of us have our thinking, like our washing, done "out."

I am doing my level best to enforce my brethren to see the *fact* of the law of similars; don't blame me if I am too feeble to overcome their diseased horror of the *word* "homœopathy."

I beg to remain, yours respectfully,

GERARD SMITH, M.R.C.S.

LONDON, APRIL 22d, 1887.

The explanation contained in this letter clears Dr. Smith of all charges of unfairness. In fact, his position—considering its rarity—is worthy of the highest praise. Here is one man among the tens of thousands of his school, who has the courage of his convictions—one man who is honest enough and frank enough to acknowledge that his use of homœopathic remedies *is* "homœopathic," and that he "learned it direct from Hahnemann!"

It goes without saying that, in the face of Dr. Smith's letter, criticism is disarmed and admiration must take its place!

But we are equally well satisfied that Dr. Smith will, in turn, do our "Doctor" who talks the justice to admit that the error into which he was led was perfectly excusable, and no more than natural. How was he to know that the editor of the *British Medical Journal* suppressed that vital paragraph? True, he might have inferred as much, but it is not *always* safe to be guided by inferences. Indeed, there is nothing in Dr. Gerard Smith's very good-natured letter which indicates that the "Doctor" is expected to bear the burden which has its natural resting-place on the shoulders of the editor of the *British Medical Journal*. Were it otherwise, then some sort of a vicarious atonement should be provided, in the embrace of which he might take refuge.

Dr. Smith has discovered the true key to the solution of the questions which divide the schools. It is, fair dealing. It is, instead of burying the name of homœopathy, to give it that place which by right it demands. To anything else, homœopathists will present steady and determined resistance, and they are strong enough to maintain their position. It may be possible to kill us with kindness, but to the present time the mortality from this cause has been very light.

We make the prediction that the above letter will become historical. In the distant future, when all lines between the two schools shall have become obliterated, the fact will be recognized that the first member of the British Medical Association who had the honesty, the courage and the candor to do full justice to homœopathy and to Hahnemann, was Gerard Smith, M.R.C.S., of London!

But what a rebuke this is to the American mugwumps!

A STOLEN MARCH IN MINNESOTA.

The practice of medicine is being regulated in Minnesota. But it is after the fashion of the earthquake that regulated the city of Charleston. The allopaths have stolen a march on the school whose "only crime is the possession of a name," and taught them that eternal vigilance is the price of liberty. But the lesson has come too late for the homœopaths to be able to take advantage of it. It was taught by actual demonstration, without previous didactic instruction.

This is the way in which it was done: A general conference of all schools and societies was held, in which everything looked fair and lovely, and some most alluring promises were made. The conference broke up in smiles, but it threatens to re-assemble in curses. After the conference the confiding homœopaths entrusted the bill to the tender care of the allopaths. And the allopaths took care of it — they took care to emasculate it, and violate every compact that was made, leaving the homœopaths nothing to do but to hire someone to bear their coat of many colors back to their father's house.

The vital point is this: The Board of Examiners which the bill creates is to consist of nine members, two of whom are to be homœopaths. But, as the bill also provides, the vote of *seven* only is required to grant or withhold a license! Thus the two homœopaths are invited to the feast, but forbidden to touch the fruit. Indeed, it is doubtful if they will be permitted to meddle with knife, fork or spoon.

In consequence of all this the homœopaths are crying "fraud!" and "treachery!" while the allopaths, with finger to nose, are crying "*Castanea vesca!*"

But let not our Minnesota brethren despair. They need fear no gross violation of justice on the part of the allopathic majority. Persecution is a diet upon which homœopathy always thrives, and the allopaths, if they are wise, will not dispense it too freely. But, if they should, so much the better. The more extreme the measures to which they resort, the greater will be the reaction, and justice will be done, though the heavens fall.

But the heavens never fall!

PHTHISIS TREATED BY GASEOUS ENEMATA.

This method has not yet passed the crucial stage. Enough, however, is known to warrant certain conclusions. There is remarkable unanimity to the effect that, in many cases, under its use pulse and temperature are promptly lowered, night-sweats are lessened, the cough improves, the appetite returns, and flesh and strength are gained. This, certainly, is more than any other method of treatment has ever effected in so short a time.

These results are soon attained. If the treatment is stopped, the symptoms return in all their violence. Hence, if cures are to be effected, treatment must be uninterrupted and long-continued. It is yet too early to judge in what proportion of cases this can be accomplished. Bergeon claims some permanent cures. Time will tell the proportion of recoveries that may be expected.

One important fact has been learned. No matter what the improvement may be, the expectoration still contains the *bacillus tuberculosis*. This indicates that the hydrogen sulphide has no germicidal action. It seems to act only on the products of inflammation — on the pus which is generated in the diseased tissues, and, when broken down, enters the circulation. Moreover, the inference is not violent, that, in view of this, phthisis may be looked upon as being a form of chronic septicæmia, in which the blood-poisoning is caused by the products of inflammation, which, in turn, is excited by the presence of the *bacillus tuberculosis*. This does not dispose of the question of individual susceptibility; it only explains the process in those whose consumptive "tendency" has already made them victims of the disease.

But Bergeon's method is not wholly *couleur de rose*. Occasionally the treatment is not well borne, and must be abandoned. But such cases are rare exceptions. In some it produces severe colic and diarrhœa. It is not admissible in cases where both lungs are extensively destroyed. But its merits outweigh all objections which have been discovered, and it is well worthy a trial in every case of consumption.

"*ABSENT TREATMENTS.*"

Metaphysicians should enjoy no privileges which are denied to physicians. If one is subject to the restrictions of the law, the other should be. If a man should to-day conclude to become a healer of the sick according to the method of Hahnemann, the law compels him to devote himself for a period of three years to hard study, at great expense. On the other hand, if another man should conclude that he would become a healer of the sick according to the methods of the metaphysicians, he can make up his mind to-day, and begin practice to-morrow. This is not right.

It is to be regretted that Dr. Rauch's bill did not pass, and become a law. Either the present law should be repealed, or it should be made universal in its application. There should be no long-haul and short-haul principle in medicine — no discrimination.

Harmless fanatics, of whatever kind, should receive liberal treatment. It is not worth while to interfere with them. But, so long as these people pretend to be healers of the sick, they should enjoy no exclusive privilege. So long as deaths occur in their practice — as they do — they should be held to some sort of accountability. If the regularly-educated physician has certain restrictions thrown round him, the irregularly non-educated healer should enjoy no immunity. If their system is a fraud, they should certainly be subject to surveillance; if it is not a fraud, they should be the first to demand official recognition.

Can they not see that their position would be materially strengthened by ready compliance with the provisions of the law? Can they not see that such a course would give them every advantage possessed by the regular homœopathic and allopathic physicians? Can they not see that they could then announce to the public that they had government recognition, and the *prestige* of a certificate from the highest medical authorities in the State of Illinois?

That is to say, they would be able to do all this if they could pass the examination provided by the State Board of Health. But if not ——— they should, in all justice, devote themselves exclusively to giving "absent treatments," with the accent on the *absent*.

[LATER. — The vote by which this bill was defeated has been reconsidered by the Illinois Legislature, and it is again on its passage.— ED.]

MODERN MEDICINE.

THE ADDRESS OF THE PRESIDENT OF THE ILLINOIS HOMŒOPATHIC MEDICAL ASSOCIATION AT ITS MEETING AT JOLIET, MAY 17, 18, 19, 1887.

By R. N. FOSTER, M. D.

CHICAGO.

FOUR hundred and sixty years before the commencement of the Christian era, in the little island of Cos, a part of the territory of ancient Greece, there was born a man known in history as Hippocrates. He was cotemporary with Plato and Socrates and Pericles and Phidias and others, and was a part of that rapid and brilliant rising of Greek intelligence, the effulgence of which enlightens the civilized world to this day. We have but to recall the drama, the poetry, the sculpture, unequaled since in all the world, and the architecture never surpassed, and the oratory and the philosophy of that period, to form some adequate idea of the intense intellectual energy which then glowed in the soul of Greece, and made radiant her history for all time. Hippocrates, the first truly authenticated writer on medicine, belonged to this period. He has been called the "Father of Medicine." Yet he was by no means the first physician, nor was his work wholly original. He wrote a summary of the medical knowledge of his time, the accumulation of we know not how many centuries, and to this added the results of his own observation, experience and thought. Anatomy, the vertebral column of medical science, was the basis of his work, and the foundation that he laid therein has been the true and only foundation of systematic medicine ever since. Medical study has labored to perfect the details of this substructure, but has never built enduringly on any other.

Nevertheless, along with this substratum of modern science, we must recognize in the work of Hippocrates another and very different element, an element which then and there and ever since has maintained an irrepressible conflict in the world of medicine. That was what we must call, for want of a more specific name — tradition. To illustrate, Hippocrates traces his pedigree through an unbroken line of seventeen generations, back to Æsculapius himself, and Æsculapius was the son of Apollo and Apollo was the son of Jove. This latter dazzling piece of information we glean from mythology. It is ominous too, that Apollo had to kill Æsculapius, the first earthly physician, for being too good a doctor! Right here we have the prime elements of a great medical comico-tragedy, which has held the stage now for about 3,000 years, and is still being enacted before our very eyes. I am not sure but that the mythologists builded better than we know when they made Apollo slay Æsculapius. They may have foreseen the conflict that must arise between the men who would thereafter evolve all medicine from the depths of their moral consciousness, and the men who would build it up from scientific grounds — and they thus foretold, possibly, the war that was and was to be between medicine that was divine, so-called, traditional, dogmatic and conservative, and medicine that was to be positive, scientific and progressive.

At all events these two elements were coexistent in Hippocrates and in Hippocratic medicine; the fundamental principles of scientific medicine were there, and those of dogma and tradition likewise. Moreover they were part of the very structure of thought in his and subsequent centuries, and they caused the medical writings of Hippocrates to be the sole gospel of the profession for thirteen centuries and the highest truth to a great part of the profession even to this day.

Let me not seem to hold no respect for traditional medicine as it appears in Hippocrates and his successors. It was then the only medicine possible. Those were days when to be as great-minded as Hippocrates must have been to accomplish alone the astonishing advance in medicine which he made, was to be a demigod. To such a man as a teacher the students of every nation flocked as the sea-birds to a beacon light. They could not purchase his wisdom at the neighboring book-stores for five dollars a volume, because there were no book stores and there were no books. Manuscripts involved immense labor, they were rare and precious, the property only of the wealthy few — very few. So the pupils came and sat with deep reverence at the feet of the master, and listened to him while he taught them orally, and then they carried to their houses what they could remember or transcribe, and this they humbly strove to put in practice, doubting not the verity of it all to the last letter, and to preserve it unalloyed, and to hand it down to their sons and pupils — hence the word "tradition," "handing-down."

We hear much and just complaint of the imperfection of medical education in the United States to-day, and yet it is certainly true that there are now in Illinois 1,000 physicians, each one of whom has forgotten more scientific medicine than the early students of Hippocrates, or even Hippocrates himself, ever knew. And we can readily understand that in those ancient days, with no printing press, no universal language, no chemistry, no botany, no pharmacy, no microscope, no stethoscope, no universities, no hospitals, no pathology, no post-mortem, little physiology, no specula, no anything, almost except Hippocrates himself, we can readily understand that no greater progress was possible, and no method remained but that of tradition, whereby to perpetuate what little had been learned. And thus we respect the medicine of antiquity for laying, so far as it went, a true foundation, and tradition for preserving it.

To this we must add one more word of just tribute. Hippocrates' *thought* seems always to have been of the finest Greek quality, sincere, penetrating, lofty, powerful. It was his science — the science of his day — that was deficient. He founded the humoral system. There are, says he, but four humors (that is to say, four bodily fluids), "blood, phlegm, yellow bile, and black bile." Keep these in right proportion, and we have health; derange their proportion, disease. Without a chemistry or a microscope, how could anything better be evolved?

Notwithstanding his scientific audacity, the traditional element did not kill Hippocrates, but it accused him of an infamous crime, the burning of the only medical manuscript library in the world, that he himself might be the sole teacher of the future. The accusation is doubtless untrue, so deeply does it outrage the noble character of the man.

Because there was no printing in those days, and therefore no wide distribution of literature among the people, it was easy for an entire civilization (which reposes upon intelligence) to be quickly destroyed and lost. The reverse condition makes it well nigh impossible that modern civilization should be overthrown. Hence medicine failed to establish itself permanently in Greece, and appeared next in Alexandria, but with Greeks at the head of it, and Hippocrates at the head of the Greeks.

In this school, 150 years from the time of Hippocrates, originated the first real divergence from his doctrines. Philenus, born like Hippocrates, in the Island of Cos, established in Alexandria the school of empiricism, and rejected the anatomy of Hippocrates and his successors. All that came of that was the emphasis laid upon the importance of *experience* in medicine, for of course it was impossible to utterly overthrow the study of anatomy. The Alexandrian school, on the whole, advanced the study of anatomy immensely, and so contributed well to the ultimate result.

The next move, still following in the wake of political power, was to Rome, where Asclepiades, born 124 B. C., was the first Greek physician. He taught that disease was a disturbance among the atoms of the human organism, and was to be cured chiefly by diet, exercise, massage, and hydropathy. While this proves nothing respecting the atoms, it does prove that Asclepiades had some very sound views in the matter of health preservation. Two hundred years later there appeared at Rome a physician named Soranus, who invented sundry instruments long supposed to be quite modern. The result up to this time was that medical theories were divided into four, the humoral, the empiric, the methodic, and the eclectic.

Then appeared at Rome the second greatest name in ancient medical history — that of Galen. Galen was Hippocrates translated into Latin, primarily, and secondarily, a medical encyclopedist. Him the celebrated Arabian school followed, and thus that, too, was Hippocratic.

Not because Galen was different from or superior to Hippocrates did he become the master in medicine of all Europe, even until the beginning of the 18th century, but because he wrote in Latin, while Hippocrates' works were in Greek. Latin was the common language of the learned in those centuries, but later, when Greek letters were revived, Hippocrates was again studied, and again assumed the supremacy in the estimation of the profession.

We may pass the Byzantine school, which flourished from the third to the twelfth century, as it offers nothing different from the others, except a still further advance in surgery. In like manner we may omit Arabian medicine, for this, again, was Hippocrates' translated into Arabic, also Galen and Aristo-

tle. It was encyclopedic in character, and for a time surpassed all other schools in its influence upon European medicine. The Arabians did nothing for surgery or physiology, or anatomy, but they added to medicine chemistry and pharmacy.

This is a long road, from Hippocrates to the beginning of the 10th century, and we have not emerged from the combined tradition and science of Hippocratic medicine yet. Then medicine fell into the hands of the monks, and strange to say, right here came in women as professors of medicine in the school of Salerno.

In those parts of medicine which were truly scientific, namely, in anatomy and surgery, great progress was indeed made during this long period, but the traditional element in the study remained almost unchanged. We have seen how Æsculapius fell a victim to his zeal for progress, and how traditional medicine traduced Hippocrates for the same reason. The same spirit also expelled the great Galen from Rome. For about 2,000 years progress seemed to be possible and even easy about such matters as were truly scientific, and especially about such as were not easily susceptible of dispute — such as the facts of anatomy and surgery. But when we touch those points that were traditional and not scientific, such as materia medica, dosing, purging, bleeding, etc., then comes the tug of war. Bleeding may be taken as a fair representative of the whole of traditional medicine.

What was done before Hippocrates' time we hardly know, but certainly Hippocrates bled, Celsus bled, Galen bled. Herophilus of Alexandria was simply celebrated as a bleeder. But why enumerate? When we say Hippocrates bled, we say it all; for during twenty centuries all the physicians followed Hippocrates in the sacred path of medical tradition, and they all like sheep went astray in so doing. That ancient and long enduring faith in bleeding deserves to be carefully studied. During all those centuries all physicians bled nearly all their patients. They bled copiously, frequently, heroically. They not only bled the sick to make them well, they also bled the well to keep them from becoming sick. Bleeding was both the curative medicine and the preventive medicine of that age. If the sick grew worse after bleeding, the physicians bled them more, on the theory, beautiful in its simplicity, that if the first bleeding had been sufficient, the patient would not have been worse, but better. And what led to this monstrous belief? Hippocrates' humoral pathology. There were "peccant humors" in the blood, the black bile, the yellow bile, and the phlegm had got badly mixed; take away this bad blood and you take away the disease! So reverent and subdued was the traditional mind in those days that no one ever dared to think the thought even, "What would happen if this bleeding were omitted?" *Does* it cure? *Can* it cure? Can it possibly kill? Why, in 1522 Brissot was by law expelled from Paris and its medical faculty, not for doubting the virtue of bleeding, but because he bled in a different part of the body — in a spot remote from the seat of the disease, not near to it. It took one emperor, one pope, several universities, and finally the strong arm of the law to put down that formidable uprising of one poor doctor against the usual place of bleeding! And you will see at once that it was traditional medicine that led to all this silly uproar. In like manner the attempt to introduce a then new remedy, antimony, into use in the schools of Paris caused the expulsion of several professors.

As late as 1788 the doctrines of Brown, who ventured to advocate stimulation in fevers, instead of depletion, caused fearful riots in the great universities of Europe.

This is enough. Traditional medicine ruled with a strong arm until about the beginning of the seventeenth century. Then began an intellectual movement of a pronounced scientific character, which was destined to revolutionize every department of human thought, and even to transform the face of the world. Bacon and Descartes and Newton, and a whole host of philosophers and scientists arose, and all the sciences which Hippocrates lacked sprung into being, and remote as they were in their bearing upon strictly medical science, still, in time, the *method* which they taught — the *scientific* method — with which so much was done in those other departments, in physics, in botany, in chemistry, in geology, in astronomy, *everywhere* — the *scientific* method must in time sap the foundations of traditional *medicine* also, and leave for it no hope, as it has none to-day, but to become scientific, or to become extinct.

This method led to Harvey's discovery of the true circulation of the blood, in 1628. It led to Jenner's discovery of vaccination in

1796. Both Jenner and Harvey were persecuted by traditional medicine, but the blood circulated and the vaccine worked, and the world was won.

The same scientific industry led Chamberlain, in 1652, to the invention of the forceps, and revolutionized midwifery, at the same time that the anatomical study of the pelvis laid for the first time in history the sure foundations of that branch of medical science for all time. Since that time the science of obstetrics has been so exhaustively studied and wrought out that it is almost impossible to discover in it one valuable novelty in a year, although improvements in method are always in order. This was a really scientific advance in medicine, and let what has been achieved in this department stand as representative of what has been done in some others also, and what I believe may yet be achieved for all by the strict application therein of the scientific method. What has been accomplished, then, in the department of obstetrics by the application of the scientific method? It has explained the mechanism of every complication of parturition, and given the certain mode of relief. It has rendered not only death from hemorrhage, but hemorrhage itself almost impossible. So, in a large percentage of cases, of convulsions likewise. It has abolished the pangs of maternity, when they are excessive. In brief, it has reduced the sufferings of mothers seventy-five per cent at least, their chronic sufferings arising from maternity seventy-five per cent at least; and the death rate of mothers from ten per cent to two per cent in hospital practice, and from two or three per cent to almost nothing in domestic practice. And all this in spite of the fact that a very perceptible percentage has died during the past decade by the unscientific use of corrosive sublimate and carbolic acid. A medical theory did that — the microbe theory, and that pseudonym for cleanliness, antisepsis. I add, that the death rate will lower still further in quarters where it still hovers around one per cent, when the meddlesome deadly douche, that never lets well-enough alone, and the traditional purgative and other like abominations are abandoned. That is really a marvelous record — the progress of scientific obstetrics during the last two hundred years. Contrast it with the dark, monotonous, unrelieved record of the countless centuries that went before. Then, too, woman wept and suffered and died as now she would, but there was no ear to hear, and no hand to aid — none — until Science, the Providence of God in these days, came, reached out to her a hand strong and merciful, and saved her. It is a noble record, that of obstetrics during these last two hundred years.

The achievements of surgery, especially since the introduction of anæsthetics, without which modern surgery would never have been possible, are, perhaps, even greater.

But so has it ever been. In anatomy and surgery and obstetrics, or whatever else has been based directly upon scientific procedure, medical progress has been continuous from Hippocrates to this day. Wherever physiology and chemistry can play a part, as in dietetics, hygiene, sanitation; where the microscope can aid in diagnosis, etc., etc., in short, wherever medicine is scientific, medicine is not traditional, and it *is* progressive, and its progress has ministered more to the well-being and happiness of mankind than any other branch of science. "All that a man has will he give for his life," and medical science lays its hand directly upon the life and health of the world.

Now you know how inexhaustible this subject is, but I could not part from it until I had made clear, by positive historical illustrations, that there have been in all the history of medicine two very distinct elements at work, distinct and opposing elements — the traditional and the scientific. We have seen the scientific method advance slowly at first, but steadily, and more rapidly as time went on, advance conquering and to conquer, from one department to another, until it is just about to seize the whole domain of medicine in its grasp. And proportionately we have seen traditional medicine wane and its light grow dim, until in the intelligence of all thoughtful minds it is almost ready to expire. *Requiescat in pace.* It handed down dogmas that never had any origin except in driveling ignorance and superstition, when it ought to have been studying the methods of nature. It perpetuated those dogmas by the power of wealth, by the power of law made for the purpose, by persecution, by ostracism, by fraud, by honest, thick-headed bigotry — by every means except by the one only righteous means — the scientific method. And now it lies awaiting the *coup de grace* of science in

its first, last and only stronghold — *therapeutics.*

Here we arrive at what the regular preachers used to call "the application,"— the application to us, to you and to me, to this particular meeting, this particular therapeutic school which we represent. First let us premise that therapeutics is not by any means the whole of medicine. The science of medicine has many branches and this is one of them. And homœopathy is essentially and originally a divergence, not from scientific medicine, but from traditional medicine. It is and always was in strict accord with the scientific method. I do not mean that all homœopathists have been profound scientists. By no means. I wish we were. And I know many physicians, not homœopathists, who could also be improved by a little genuine scientific training. What I mean is that homœopathy was of the scientific method in medicine, as opposed to the traditional. It was in traditional medicine that homœopathy found its enemy and persecutor. This fact has probably repelled many of our therapeutic school from the more strenuous cultivation of the whole science of medicine, by forcing them to the continual defence of their therapeutics only. But if so, it is a mistake. We cannot afford, in any sense, any show of hostility towards the real science of medicine. We cannot afford to make our own therapeutics traditional and dogmatic, as were the therapeutics against which homœopathy rebelled. We put our hands to the scientific plough, and we must not look back.

About 90 years ago, traditional therapeutics in Germany received a severe shock. Those therapeutics were then summed up in bleeding, purging, vomiting, diuretic treatment, blistering, salivation by mercury, and other equally scientific means of cure. This faithfully sums up traditional medicine in 1777. Now it was not the medical science of 1877, but the traditional *therapeutics* of 1777 that received the aforesaid shock. The man who administered it was Samuel Hahnemann, the founder of homœopathy. And traditional therapeutics has not recovered from that shock to this day, and never will. The question is, was Samuel Hahnemann in the line of *scientific* medical work when he made his attack upon that hoary system of abuses, or was he not? He was a man of untiring industry, of vast Teutonic intellect, of great learning (none more so) thoroughly educated, and the foremost chemist of that time in his earlier days, as attested by cotemporary literature, and the highest authority. He was the author and translator of 114 separate treatises, varying in size from 20 to 600 pages. He was a man of most extensive research and practical experience in medicine. He was a man of unblemished character and widely honored. The devotion of his early labors to chemistry proves his scientific bent. He carried the same spirit of investigation into therapeutics, denounced the prevailing therapeutics, and was immediately proclaimed an imbecile, charlatan and quack by his professional brethren. Was that "scientific" on the part of his brethren? Say one word, and we have said all. Hahnemann first denounced bleeding. We have just seen what it cost Brissot merely to suggest a slight variation in the method of bleeding, and we can imagine the effect of Hahnemann's denunciation of the practice almost entirely. Was it not a step in the direct line of scientific medicine for Hahnemann to study the effects of bleeding, and its uses, or possibly its uselessness? Some of Hahnemann's followers were actually fined and imprisoned, virtually for neglecting to bleed in a fatal case of pneumonia. If they had lost a hundred cases of pneumonia by bleeding, it would have escaped notice entirely. For 55 years Hahnemann studied, practiced, observed, learned and publicly taught the uselessness, the viciousness, the unscientific character of bleeding. His cotemporaries heaped imprecations upon him without stint. They made him a martyr. And to-day the world of civilized scientific medicine stands where Hahnemann did. It has abandoned the lancet! Who then was the scientific party in this controversy? We say Hahnemann. Now what Hahnemann did with the lancet, he did in like manner with its barbarous accompaniments, purging, vomiting, salivation, blistering, etc. And he did it all in pursuance of the same scientific method, observation and experiment. These solid old bulwarks of tradition yield more slowly than the lancet did, it is true, but it needs no very practiced eye to note that they are yielding, nevertheless, and that the day is not so very remote when here also the medical world will stand where Hahnemann stood a century ago.

The knowledge of physiology, respect for the nature of the human organism, the ad-

vance of hygiene, scientific progress in general, the increasing daily demonstration by the widely increasing practice of homœopathists that these things injure health instead of restoring it, all these things will compel modern medicine to abandon traditional drugging altogether, and to substitute something scientific in its place. Furthermore, Hahnemann advanced the statement that the traditional medicine of his day so mixed and mingled drugs, the exact nature and effects of which they did not always know, except by tradition, what relation any drug had to any disease. There was a knowledge of drugs, of course, but it was too loose and general. The desideratum was a *precise* knowledge of each particular drug, as minute and perfect as possible. The physician, he said, ought to know exactly what particular part or parts of the body each drug affects, and just how it affects it, and how much and how long, both in health and in disease. Was not that demand scientific? It was simply a demand for the most exact knowledge possible of the means used in healing the sick. Of course it is a bold truism to say that that is the ideal materia medica of science. It is the only possible materia medica. What other is possible? Some one may say, the materia medica of experience. But that is the same thing, and the method by which Hahnemann not only proposed (as Haller did before him) to find out all this about drugs, was by giving them in their greatest attainable purity, and singly, to individuals in perfect health, and carefully recording their effects. Now, says Hahnemann, in effect, when I have thus learned something of the nature of a drug, how it acts, and upon what organs it acts, etc., I am for the first time prepared to use that drug, at least with *some* degree of intelligence, in disease. If this work of experiment and observation were not in the direct line of scientific research, then I do not know what science is. It is not only *a* method of studying drugs for therapeutic purposes, it is the one only possible way of doing so; unless we take hap-hazard poisoning, and a hash of aimless experience instead, and this gives us the same thing in mixed and broken fragments that we cannot use.

Old therapeutics has had time enough to suggest an improvement on this method, or to introduce one more scientific. Why is it not forthcoming? Because there is no other. How else can we learn the properties of drugs? And surely scientific medicine is not going to dose its patients with drugs of which it does not know the nature. How otherwise does old therapeutics know now what are the effects of its medicines? Did Morton, the dentist, learn that ether was an anæsthetic by looking at it? Did Simpson learn the properties of chloroform by chemical analysis? Did the older physicians learn that opium was a narcotic as the Hindoo discerns the Infinite — by umbilical contemplation? No. They just gave the drugs or took them, and noted the effects. And that is the scientific method. And it will one day evolve a materia medica for scientific medicine, or materia medica and therapeutics will be dropped from that medicine of the future altogether.

Mark Twain always calls for hash when breakfasting at a strange hotel, because he then knows just what he is eating. But the hash of traditional medicine has in it no such recommendation for the scientific physician. If he takes it, he does not know what he is eating. And the scientific physician is the physician who does and must know.

But finally we are met with the crusher that Hahnemann's provings of drugsare good or nothing anyhow — a dreary array of insignificant symptoms — a mere useless discord. If that were true, which it is not, it still would not alter the situation one iota. The point is that Hahnemann's principle was the true one; that his plan was the only possible one, and his method the only scientific one. If, on this basis, he did his work poorly, so much the worse for his reputation and for science; but the principle is unassailed.

Finally, it is objected that Hahnemann forced all this method into the theory of homœopathy — *similia similibus curantur*. That is indeed Hahnemann's theory. With him it was in part at least, a deduction from the writings of his cotemporaries and predecessors. But granted that the theory was all wrong, if you please, or what is more likely, that it was strained by Hahnemann and his followers, in an attempt to cover by it the whole realm of disease, that detracts nothing from its immense and real value. And if the experience of a century counts for anything, if the experience of 10,000 physicians and of millions of intelligent families, who have tried both this and other methods, counts for anything; if the experience of the old school, which discovers these same remedies of homœopathy and the same dose, and the same result with

such suspicious fidelity year after year; if all these things count for anything in scientific medicine, they count for the immense practical value of this theory. Hahnemann had to fill the gap of his time as best he could. I am not aware that he ever antagonized the science that was in the medicine of that period. Had he lived in our day, he would doubtless have found the gap better filled by other discoveries of science, and would have accepted the fact cheerfully. Seen in the light of modern scientific research he could not be free from error. No man could. But judged by his period he was the pioneer, friend, and promoter of scientific medicine, and the slayer of the dragon of traditional therapeutics. The reform that he led was more far-reaching and beneficent than all the other reforms in therapeutics put together, and for it he is entitled to the eternal gratitude of mankind. This is just as true if the whole theory of homœopathy is an error, as otherwise. For it has at least served for a time to protect the more intelligent communities from barbarous traditional therapeutics, and will continue to serve until science shall show us the more excellent way, if such there be. It is not any partisan service, but a true, honest duty to all medicine, to render to Hahnemann and homœopathy the credit that is due them, and preserve from falsification the record of their worthy work.

The medicine of the future will, doubtless, be more preventive, hygienic, dietetic, sanitary, than that of the past. Hahnemann himself emphasized all these things forcibly and frequently. He was in the direct line of thought that leads to them. But modern science has made possible for these things a still wider application; and may yet succeed in making therapeutics unnecessary. Who knows? After science has settled with the theoretical microbes of diphtheria and phthisis, etc., it will turn its attention more fully to the positive microbes of bad diet, bad ventilation, bad clothing, (which Dr. Jaeger with his sanitary underwear has just reformed immensely), bad habits; also to the microbe of overwork which destroys our men and women by the thousand, and of over study which saps the vitality of the young; the microbe of sad lives, without cheer, without joy, without recreation, without beauty or anything that is desirable for a human being; the microbe of commerce, the mission of which seems to be to adulterate everything we eat, drink or wear; the microbe of money-making, which makes men so narrow-minded, weary, and prematurely broken, as to be unfit for companionship, from which comes again the microbe of domestic discord and hidden unrest. These and many more are surely the microbes of many forms of disease, the causes and carriers of them, the sappers and miners of public and private health. To disinfect us of these would be medical science in its best sense. Ah! how much more scientific than the detraction, the boycott, and the walking delegate of traditional therapeutics. There is not one good and honest man living, of either therapeutic school, who does not cordially hate and despise these things — not one, who has the brain to comprehend and the heart to love the beneficence and the greatness of scientific medicine.

To conclude, I have endeavored in this address to present the exact historic and scientific truth as to the relation between homœopathic and allopathic therapeutics. In so doing I hope to correct a wide-spread impression, as prevalent perhaps among our friends as among our enemies, that somehow there is and always has been an essential antagonism between homœopathy and modern scientific medicine. I have tried to show that there is no such antagonism. That homœopathy is and was the very bud and flower of the *scientific method* in therapeutics. The impression that such antagonism did exist, has grown out of the hostile attitude toward us, not of *scientific* medicine, for that cannot be hostile to itself, but of that old traditional therapeutics which still clings frantically to the skirts of real scientific medicine, and endeavors to identify itself therewith.

Thus we witness this anomaly, homœopathic materia medica and therapeutics, which were the very first scientific effort in therapeutics, classed by many with traditional medicine, of which it retains not one element. And on the other hand we see traditional therapeutics failing all the time, and progressing to sure extinction, yet posing as scientific! Any one knowing medical history, and knowing the difference between tradition and science, between traditional aim, effort and method, and scientific aim, effort and method, will not be deluded by this novel classification.

Homœopathy was an effort to discover by actual scientific experiment the exact nature and effects of drugs on the human organism in health and in disease. Before it is discarded, let some one demonstrate a different method and a better one. I think it has been found to be a great, true principle in medicine, covering a wide field, but not covering so much ground as its earlier advocates had hoped. But this does not alter one whit its scientific claim and title. The same is true of many an effort in medicine, nay, I might almost say, of all. It is probably true, for example, of the microbe researches and theory now occupying so large a place in medical research. But even if that shall be proved *entirely* false, it matters not. It is, and has been, *scientific* in method and spirit, as homœopathy has been. It found its adversary where we found ours, not in science, but in traditional therapeutics.

One more word is required. In botany, chemistry, zoology, and other branches of science, it has been found that progress made necessary from time to time a new method of classification. Discovery showed previous classification to be merely provisional and faulty. The same is true of that wide and varied class of men usually classed generically as doctors, and subordinately as this or that species of doctor. Originally all were simply doctors, heaven-appointed if not heaven-born. Then all was homogeneous, and all was still. But, as Herbert Spencer would say, progress was towards the heterogeneous. They became classified as doctors and quacks. Later as homœopathists, allopaths, and eclectics. Still later as old school, new school, and so on. But now in the fullness of science the time has come for the true, natural classification to be formulated. It is of course generic, but being fundamental and true, it runs like an aorta, by branching, to every species and to every smallest possible variety. It runs from the beginning to the end, historically, practically, theoretically, every way. It is the classification into science and tradition. Medicine is scientific or traditional. Doctors are scientific or traditional. Study then now through all the history of medicine from Hippocrates to Hahnemann and from Hahnemann to the orthodox wing of the American Medical Association; study them in corporate capacity and study them individually. You will find the line of distinction always there, always clear, always unmistakable.

In the light of this classification what is the place of homœopathy? Its place is in and with and as a part of scientific medicine, of course. There it began, and there it must stay, and there it must work, side by side with all other workers in the same field, until the last deciduous molars of traditional medicine have decayed and dropped from their sockets, and the whole "permanent set" of scientific medicine is established in their place.

TREATMENT OF DIPHTHERIA.

BY A. C. COWPERTHWAITE, M. D.,
IOWA CITY, IA.

(Read before the Hahnemann Medical Association of Iowa at Des Moines, May 25th, 1887.)

PROBABLY no disease offers a better field for the thorough application of the similimum, nor is there one where the necessity of strict individualization is more often lost sight of. The treatment of diphtheria by the homœopath is often as empirical as that of his brother allopath, though fraught with less danger to the patient. As a matter of fact, with the mass of homœopathic physicians, there is no such thing as a careful study of the symptoms of a given case and a prescription of the corresponding remedy.

Nearly every physician has his one or more pet remedies for diphtheria, and the diagnosis of this dread disease is the only indication he has for administering them. Nor is this heresy confined to the humbler walks of the profession. Beebe extolled the virtues of the Sulpho-carbolate of soda, and through his influence it was widely used, without knowledge of its specific action or indications for its use. Neidhard used and probably now uses the liquor Calcis chlorinata in the same empirical manner, and many lesser lights followed his example. To-day neither Sulpho-carbolate of soda nor liquor Calcis chlorinata are recognized of any value in this disease. Their use was unsatisfactory because their application was not founded on the law of cure, or indeed upon any scientific principle whatever.

A few years ago, while attending the Indiana Institute of Homœopathy, I heard it argued as homœopathy that all cases of diphtheria should be treated with Chlorate of potassium regardless of indications — the

mere fact that the case was diphtheria was, the speaker said, sufficient indication for the use of this drug, which he claimed was a specific.

Such broad generalizations are incompatible with the teachings and practice of true homœopathy. Some physicians always associate diphtheria and Kali bichromicum together as synonyms of the same or similar morbific action. Dr. J. S. Mitchell, in his exceedingly valuable article on diphtheria in Arndt's *System of Medicine*, says of Kali bich.: — "For nearly every case of the benign variety, and for some of the malignant forms it is nearly a specific." He cites Dr. Joslyn as saying — "In a large proportion of cases this remedy is most specifically indicated;" and continues, "this agrees with my own experience. It strikes at the dyscrasia, and ranks high as a germicide." I think it is an error to propound such teachings. Kali bich. is not "nearly a specific," neither is any other drug, though no doubt this drug and a dozen or so others form a group of remedies most often indicated in diphtheria, just as Aconite heads the list of a few most useful remedies in pneumonia, or Rhus tox. a similar group for typhoid, but neither Aconite or Rhus, or any other member of these groups is a specific for pneumonia or typhoid.

Nitrate of sanguinaria is just now the popular specific amongst many who practice generalization, but we have no evidence of any specific indications, nor is it probable that the drug is of any special value. After more thorough provings have been made of this drug it may be found to have a valuable place in the treatment of this and other diseases.

In treating diphtheria therefore, we should simply apply the same rules that govern us in the treatment of other diseases — after a careful study of the symptoms of each individual case, prescribe the remedy that most nearly covers the totality of the symptoms. The scope of this paper will not permit me to dwell at length upon the special indications for the various remedies, but I will briefly call the attention of the Society to the most salient points of each of the remedies that are, from our present knowledge, most often useful in diphtheria.

Belladonna. — As in other exudative diseases, Belladonna is only indicated in the beginning, before the exudation takes place, and therefore, of course, before we are positive the case is diphtheritic in character. I agree with Dr. Mitchell that when it is indicated, which is very often, "Belladonna has an influence, if given sufficiently early, to moderate the course of the disease, but when once the diphtheritic processes are fully established, it seems to be without further effect."

Merc. iodatus is the remedy most often indicated in simple diphtheria, and in the so-called diphtheritic sore throat or follicular pharyngitis, which is so prevalent in the spring and fall, and which is no diphtheria at all. I think Mercurius iod. is of very little use in the treatment of malignant diphtheria.

Kali bich. As I have already noted, this remedy is frequently employed. It is most useful when the larynx becomes involved and we have the much dreaded diphtheritic croup. It is seldom useful except when the exudation is very fibrinous, and when there is much tough, stringy mucus in the throat. I again agree with Dr. Mitchell when he says "the characteristic difference between Kali bich. and Merc. iod. is the more fibrinous consistency of the exudate under Kali, while Mercury has a softer and more pasty pseudo-membrane." He also adds, "I am firmly convinced that if these remedies were used early and continued persistently, our cases of diphtheria would much less often progress to the septic form." To this I can only say that neither these nor any other remedies should be used "early and persistently" unless thoroughly indicated in each individual case.

Nitric Acid. Dr. Mitchell gives this as the next important remedy in benign diphtheria. I can agree with him in this. I also think it an excellent remedy in malignant diphtheria when indicated, as it often is.

Lachesis. Prof. Dickinson says this is a most indispensable remedy, especially in malignant diphtheria, when there is great prostration of the vital forces. This seems to be the opinion of all who have used Lachesis in such cases, but I must confess that my use of the remedy has not been satisfactory.

Phytolacca is only useful in the mild forms. Prof. Dickinson recommends it as a gargle, using twenty drops of the tincture in four ounces of water.

Apis. This remedy is seldom useful except when there is coincident albuminuria and considerable œdema.

Arsenicum. This remedy is most useful in the later stages of extreme cases, where

we are most apt to find the peculiar charteristics of this valuable drug. Dr. Von Grauvogl recommended Arsenicum 6x in connection with the alcohol gargle.

I will mention only one other remedy, the much used and much abused Chlorate of potassium, and here I will quote from Dr. Mitchell (*op. cit.*) "It certainly has a powerful influence over malignant ulcerations of the throat. Joslyn's use of it in gangrene of the mouth affords valuable indications of its powerful action. We would also call attention to the doses which he used, inasmuch as there is a tendency among physicians of our own school to use it in massive doses. Joslyn prescribed it in doses of 2 to 3 grs. of the salt in 3 oz. water, one teaspoonful to be given internally every two or three hours. A strong solution, 2 grs. to the ounce, was used as a wash with much success. It is only necessary to consult old school journals for records of the many fatal cases which have followed the use of this drug in excessive doses. That it tends to the production of a fatal nephritis has been confirmed many times. To insure effective action doses as small as those given by Joslyn are undoubtedly all that is necessary, and careful clinical observation will show that the second and third triturations have an equally prompt effect.

"The special indications are. Breath very fetid, violent pain in the throat, exudations grayish-white and tending to increase rapidly. In using this remedy I would advise beginning with the second decimal trituration, rapidly running the quantity up to Joslyn's doses. If the latter failed I should at once discontinue the use of this agent." When our provings of Kali chlor. become more extensive, and the special indications for its use more numerous and explicit, we will be better able to mark out the cases in which it will prove most useful, but at present, while we must admit the similarity of its action in general to that of the diphtheritic poison, its use is nevertheless largely empirical. The local treatment of diphtheria is not so important as is usually estimated, and as a rule the long list of drugs used for this purpose are employed without any very definite idea as to their action, farther than that they are more or less antiseptic or germicidal.

Dr. Von Grauvogl found the membrane of diphtheria to be histologically identical with the mould growing upon bread, when left in a damp place. He experimented with several drugs and finally discovered that alcohol was the only agent that would entirely destroy the fungus, so he recommended and used alcohol as a gargle in diphtheria. After using it for fifteen years I can testify to its efficacy. I consider it the simplest and best local application that can be made. It should be used diluted one-half or two-thirds with water. It may be used either as a gargle or a spray. A swab should never be used in this, or for that matter, in any affection of the throat. If there is much fetor the Permanganate of potash, half grain to the ounce, is the best preparation to use.

It is important that the diet be nourishing but not stimulating. Milk and beef tea are the best. They can be used separately or in alternation as the appetite of the patient may decide. In the case of a child where food is repugnant and positively refused, nourishment should be sustained by enemata of milk or beef tea. Stimulants should not be used save in cases where there is excessive prostration.

I have tried to notice a few of the most important points in the treatment of this disease.

I should recommend all to read the article of Dr. Mitchell, before mentioned, which I consider altogether the choicest bit of literature upon this subject that our school affords.

CONSIDERATION OF SOME OF THE POISONS GENERATED IN MEAT, AND OF TYROTOXICON IN MILK, ICE-CREAM AND CHEESE.

BY C. B. KINYON, M. D.,

ROCK ISLAND, ILL.

(Read before the Illinois Hom. Med. Association.)

OF late much has been said and written regarding the various adulterations, which may be, and I doubt not frequently are found, in almost any and every article of diet. In fact, it sometimes seems as though about the only limit to such sort of work is the limit of man's capability to invent anything further by which he may obtain something for nothing. But in the preparation of this article I have thought it best to confine myself to a very small phase of the subject, viz.: "some of the poisons generated in meat and milk."

The consideration of these poisons is, or should be, of intense interest to us, both as guardians of the public health, and as the healers of all manner of diseases. It is really very essential that we, as physicians, should be better informed, because of the very insidiousness of their workings, because of the great danger to life if not taken in time, but principally because, as yet, so little, comparatively, is really known by the profession regarding them. I refer altogether to poisons generated without the culpable negligence of man.

These poisons are separate and distinct entities, capable of causing various complicated and dangerous diseases. And yet they are but the products of certain changes or processes taking place in the foods themselves. With a better knowledge on our part, as to how their effects upon the system may be overcome, and as to how they may be prevented from forming, much more can be done for the prevention of sickness, for the relief of the suffering, and for the restoration of health. It is with a view of adding my mite towards the attainment of this knowledge that I present these thoughts to-day.

In the *American Grocer* of July, 1885, appears an article in reference to the charges frequently brought against packers of canned meats. I am not interested in any packing, or meat canning establishment, neither am I prepared to say that they do not sometimes send out meat that is poisonous through their fault. But I do believe that they are far too frequently blamed. In the article above referred to there is also a report of some forty cases of gastro-enteritis which occurred in Rock Island as a result of eating canned beef. By a careful examination, as detailed in the *Grocer*, it was found that the sickness was due to poisons generated in the meat before it was prepared for the cans.

The chemist, Frank Nadler, Ph. G., reported that the sickness was due to allantotoxicon, or sausage poison. These meats were prepared by a local butcher from the scraps which necessarily accumulate about a retail market. These scraps were placed in brine until he had collected enough to can, when the meat was thoroughly heated and canned. But evidently some of the meat was not put in the brine until it had become "tainted"— to use a common expression. It is now proven that no amount of cooking will kill the "ptomaines," so of course the preliminary cooking did not make the canned meat safe after fermentation had once set in.

In the ninth annual report of the local government board of Great Britain there is a very full account of cases of very serious illness arising from eating putrid meat. In these cases the meat became putrid from imperfect curing, instead of before being cured. In the report of the imperial German health board are the particulars of numerous cases of illness, with several deaths, from eating the flesh of a calf which had pyemia. In Italy there were 26 cases, with six deaths, from eating the meat of cattle affected with malignant pustule.

It is now very generally conceded that the meat of cattle affected with "lump jaw," or actinomycosis, is very poisonous after the first few days of the disease.

In 1886 the mayor of Omaha died from eating of a chicken, which had been frozen after it was dressed. But it had thawed out and become "tainted" before it was cooked, and a poison was thereby allowed to generate, which killed the mayor who ate it.

You are doubtless all aware of the fact that twenty-seven (27) cases of poisoning occurred at Momence, in this State, in August, 1885, from eating dried beef. It was the opinion of the expert analyst, Dr. J. H. Long, of Chicago, that the formation of the poisons causing the trouble in these cases was due to the fact that the cattle, from which the beef was taken, were infuriated and worried just before being killed. In one case the beef was cooked before being eaten, but it was as poisonous as the rest, showing that heat does not kill the poison of the "cadaveric alkaloids." There are also two other classes and varieties of "alkaloids," or "ptomaines," known as the "animal alkaloids" and the "vegetable alkaloids." The "vegetable alkaloids" are the products of the cell activity of plant life, and the "animal alkaloids," sometimes called "leucomaines," are formed under the influence of the so-called vital force, by the metamorphosis of tissue. It is now claimed, and pretty generally acknowledged, that the "cadaveric alkaloids" are elaborated by the bacterial cells, by excretion, deoxidization, or otherwise, during the process of putrefaction. These possess various degrees of toxic power according to the stage reached in the process of decomposition.

During the thirteen months, including August, '83, and August, '84, there occurred

in the State of Michigan over three hundred (300) cases of serious and alarming sickness. Eight different localities reported outbreaks. In all these places the attacks were very violent, and similar in every particular. By noting and comparing the observations of the physicians in charge of the cases in the different localities, the State Board of Health came to the conclusion that the trouble, in all the cases, came from eating cheese; but it was not until after two years of close investigation that Dr. V. C. Vaughan, member of and also analyst for the State Board of Health, was able to discover and isolate, from samples of the offending cheese, a highly poisonous ptomaine. To this substance he gave the name of "tyrotoxicon," or "cheese poison." A full report of his work is published in the proceedings of the Board for 1885, and those interested can refer to it for full particulars.

In brief his process is this: The suspected substance is first dissolved, if necessary, and filtered through filter paper and the filtrate is found to be acid. This is rendered slightly alkaline by the addition of potassium hydrate and agitated with ether. After separation the etherial layer is removed and allowed to run through filter paper, to remove a flocculent white substance, which usually floats in it, and is then allowed to evaporate. If necessary, the residue is then dissolved in water and again extracted with ether. The tyrotoxicon is recognized by its crystalline appearance, by its odor, and by placing a bit on the tongue.

Dr. Vaughan has made extensive experiments on dogs and cats and afterwards on himself and some students, and in all cases symptoms were produced exactly similar to those affected by taking the same poison in food, in the cases of cheese, ice-cream and milk poisoning.

Again we find the Michigan State Board of Health to the front through the labors of Dr. Vaughan. In June, 1886, several persons at Lawton, Michigan, were suddenly stricken down with alarming symptoms, very similar to cholera infantum, or as some of the doctors called it, cholera morbus. The cause was soon traced to ice-cream. Samples were sent to Dr. Vaughan, who soon succeeded in again isolating tyrotoxicon. On the 7th of August, 1886, some seventy-five (75) persons were taken suddenly and violently ill, after supper at the hotels of Long Branch, N. J.

The similarity of the cases in the different hotels led the doctors to conclude that there must be a common cause, and they were soon able by the process of exclusion to settle that the cause was in the milk.

And further, that the cause came from milk supplied in the afternoon. This was milked and brought to the hotels in wagons during the heat of the day, and was not cooled until after it reached the hotels.

This gave the milk ample time to ferment before it was cooled. In all these cases tyrotoxicon was found in abundance.

In the case of the cheese, the ice-cream and the milk, above referred to, no fault could be found regarding the cleanliness of those in charge.

The trouble was simply due to ignorance, on their part, of the fact that these poisons will generate very rapidly, when the conditions are favorable. They were equally ignorant as to what these conditions were.

It is now definitely settled that these conditions are, in all cases, such as will allow or favor the process or processes of fermentation and putrefaction. These two processes combined, constitute what is called the process of decomposition. Whatever will prevent these will prevent the formation of ptomaines.

In this connection I wish to call your attention to a very significant fact brought out in the course of Dr. Vaughan's investigations.

Some claimed that the cause came from the flavoring used in the ice-cream, but Dr. Vaughan's conclusion was, that the trouble was due to the fact that those cases in which the custard was frozen immediately after it was cooked, the process of freezing prevented the process of fermentation.

While in the case of the vanilla flavoring which stood some time after cooking the micro-organisms had time to begin their work before the cream was frozen.

A full report of the Long Branch cases was published in the *Phil. Medical News*, of Sept. 25th, 1886. This report was prepared by Dr. H. K. Newton and Mr. Shippen Wallace, analysts for the N. J. State Board of Health.

In the *Medical Record* of Oct. 9th, 1886. will be found a paper by Dr. Allaben, giving an account of seventy-five (75) cases of sick-

ness occuring at Gilbertsville, N. Y. These cases were caused by tyrotoxicon in ice-cream.

In the *Iowa State Register* of Oct. 12th, 1886, Prof. Shearer, Chemist to Iowa State Board of Health, reports finding tyrotoxicon in the milk, causing sickness at Corning, Iowa. He also found tyrotoxicon in the vomited matter of the sick.

At the Oct., 1886, meeting of the Michigan State Board of Health, Dr. Vaughan details some more of his experience with tyrotoxicon, which only tends to establish all the more firmly the conclusions he had already reached. He also details some clinical experience with tyrotoxicon, giving therein his ideas concerning the relations of this alkaloid to cholera infantum.

His report is so important that I give it in full.

"July 30th, 1886, about 1 o'clock p. m., I was called to see the seven month's old babe of Mr. B. I found that the child had been vomiting quite constantly for three hours. It had also passed watery stools six or seven times. The eyes were sunken, skin cold and clammy, and pulse rapid and small. I diagnosed cholera infantum. During the preceding night, the child had seemed as well as usual, and had taken nourishment freely from the mother's breast. Early in the morning it had been given a bottle of cow's milk, and soon thereafter the nausea and vomiting began.

Later as stated above, the child began to purge. The mother, furnishing an insufficient supply of milk, it had been the habit to give the child cow's milk several times a day. I prohibited the further use of milk, both that of the mother and from the bottle, and substituted meat preparation and rice water as food. I also prescribed pepsin, bismuth subnitrate, chalk mixture, and camphorated tincture of opium.

The cow's milk which had been furnished the child was from an animal kept by one of the neighbors. On the evening of the same day that the child was taken sick I obtained two quarts of the morning milk of this animal. The milk had the appearance of very rich cream, being of a yellow tint throughout. This milk was allowed to stand through the night of the 30th in the ice-box of my refrigerator. On the morning of the 31st I began the analysis. After pouring the milk from the pitcher there remained in that vessel about two ounces of a fluid about the color of port wine. Microscopical examination of this fluid showed the presence of pus and blood corpuscles. The blood was also detected by obtaining the characteristic bands of oxy-hemoglobine with the spectroscope.

The milk, which had already coagulated, was filtered. The strongly acid filtrate was rendered weakly alkaline with potassium hydrate and then agitated with absolute ether. after separation the ether was removed with a pipette and allowed to evaporate spontaneously. This residue was dissolved in distilled water and again agitated with ether. This ethereal solution left, after spontaneous evaporation, a residue which had a slightly brownish tint. I did not obtain the crystals of tyrotoxicon, doubtlessly owing to this trace of impurity; but the residue had the odor and taste of tyrotoxicon. This residue dissolved in some distilled water and given to a cat produced retching and vomiting.

That tyrotoxicon was present in the milk taken by the child shortly before the beginning of its illness there could now be no doubt. It is true that the milk was abnormal in other respects also, inasmuch as it contained pus and blood.

After the withdrawal of all milk and the use of medicinal agents mentioned above, the child began to improve, and by the afternoon of August 1st it seemed to be so well that it was allowed a bottle of good cow's milk (from another animal); but soon after drinking the milk it began to vomit and purge. Milk was again withheld and the same medical treatment resorted to. This attack was slight, and after it the child continued to improve until the night of August 4th, when the grandmother, who "knew more about raising babies than the doctor," fed the child bountifully upon milk. Again the vomiting and purging began, and it was more than a week before all symptoms of gastro-intestinal irritation had disappeared.

About the 15th of August milk was again allowed, at first in small quantity, and this seeming to have no harmful effect, more liberal quantities were given. The child has continued well since.

From the above observed facts, I infer that not only the poison but the ferment, by whose growth the poison is generated, was introduced to the alimentary canal, that this micro-organism continued to live until

some time after August 4th, and when the milk was given the poison was again formed by the growth of the ferment. Whether or not any germicide could have been borne by the child in sufficient quantities to destroy the ferment I do not know.

It now remains to ascertain with certainty the nature of the ferment concerned in the production of tyrotoxicon, and to determine by experiments upon milk inoculated with this germ the value of various germicides. Many physicians claim that the bichloride of mercury in proper doses is a very valuable agent in the treatment of cholera-infantum.

Fortunately no other children were furnished with the milk of this cow which first supplied the B. baby. The attention of the owner of the cow was called to the nature of the milk, and its use by all was discontinued for some days. There was no sore visible upon the teats. Had this milk been mixed with that of a number of other animals the color would have escaped detection, and all the milk might have been rendered poisonous."

This report of Dr. Vaughan's would seem to merit our careful consideration even if we cannot accept all he says.

THE PLACE OF SARCOMA AND CARCINOMA IN PATHOLOGY.

BY M. J. BLIEM, M. D.
CHICAGO.

(Read before the Illinois Hom. Med. Association.)

THE object of this paper is to present clearly, if possible, the exact relations to to each other, both as regards form and origin, of these two tumor tissues. Text-books and special treatises have always had much to say of them, but, the more one read, the more was one bewildered, until one's state of mind was indeed "confusion worse confounded." This was so, simply because histological studies had not yet clearly separated and defined these malignant and closely similar growths. It is only through the most recent investigations of Waldeyer and His that we are able at last to understand just where in pathology they belong and what they are.

All neoplasms are built up of tissues which are normally present in the body — tissues to which they revert as a type. They may not, indeed, be composed of the same kind of tissues in which they are lodged; they may be strangers — the off-spring of wanderers in a strange land. There is no more a spontaneous origin in pathology than there is in physiology. Every new growth has its origin in some cell or cells, already normally present in the body. One means we have, then, of determining the place of pathological formation, is to ascertain exactly what normal tissue it springs from and reverts to as a type. We want to find its histogenetic place. It is right here that Waldeyer and His have helped us out.

The moment the mysterious life forces instituted by impregnation begin to act, a rapid cell division is set up in the ovum. These cells arrange themselves into three layers, which together form the first, or *archiblastic* membrane. The upper of these layers, or Epiblast, gives rise to the nervous system, the terminal portion of the alimentary canal, and the skin and its modifications. From the middle layer, or Mesoblast, are formed muscle tissue, and the epithelium of the genito-urinary system. The third layer, or Hypoblast, originates the epithelium of the respiratory and digestive systems, and all the glands and ducts which are developed from them. But soon a fourth layer of cells is formed, which is called the *parablastic* membrane. From this latter membrane spring such important tissues as the connective-substance group, lymph and lymph-vessels, blood and blood-vessels, and true endothelium. These tissues grow in and around those formed from the archiblastic membrane.

We see, then, that the first or archiblastic membrane is pre-eminently the epithelial layer; it furnishes the material from which all epithelial structures are derived. These comprise such important tissues as skin, nerve, muscle, genito-urinary, lung and those of the whole digestive system, including its accessory glands, as the liver, pancreas and spleen. On the other hand, the second, or parablastic membrane, is the endothelial layer; it gives origin to the structures lined by true endothelium — the blood and lymph systems. But, in addition to this, it furnishes also the connective-tissue cell, from which develops the extensive and important connective-substance group. As we well know, this group comprises ordinary fibrous, or so-called

"cellular" tissue, elastic, fat, cartilage, bone and dental tissues.

Now, the whole point of the histogenetic place of sarcoma and carcinoma, is this:—carcinoma goes back to the epithelial cell as its source, while sarcoma reverts to the connective-tissue cell for its origin. Carcinoma is therefore, by genesis, an archiblastic tissue, while sarcoma is parablastic.

The epithelial origin and nature of carcinoma has gradually dawned upon us; but two apparent facts have always stood in the way of fully accepting this belief. The first difficulty was the fact of the frequent discovery of primary carcinomatous growths in the large body-cavities — the pleural, pericardial, and peritoneal sacs. It had always been supposed that these belonged to the lymphatic system and therefore were lined by endothelial cells. How can it be possible, then, for an *epithelial* growth to originate as a primary tumor in an endothelial tissue? However, through the labors of the eminent investigators before mentioned, we now know that the great serous cavity, which later divides into these three, is developed from the alimentary canal. But this canal is derived from the epithelial cells of the archiblastic membrane. Therefore, the serous membranes are not parablastic or endothelial, but archiblastic or epithelial, and it is perfectly possible for a carcinoma to develop in them as a primary growth.

The second difficulty refers to the supposed existence of primary carcinoma in bone — a connective-tissue. If primary, how can it be epithelial? In a recent discussion upon several such specimens before the New York Pathological Society, Dr. Prudden called attention to this point. To account for such phenomena, Cohnheim had invented the ingenious theory that, in the embryo, cells may have been misplaced, so that a few epithelial cells may have lodged in bone tissue, and later have given rise to carcinoma. More rational than this, is the explanation, that as examinations are more carefully made, primary carcinomatous growths in bone are more and more rarely found. The true primary tumor, though so small as easily to elude any but a vigilant eye, is upon careful examination found elsewhere in some epithelial tissue. We are permitted therefore to look upon carcinoma as a new growth, due to the proliferation of epithelial cells.

It is not within the scope or purpose of this paper to go fully into the second means of placing these neoplasms by studying their histological structure. It is but due to the just treatment of my subject, however, to do this briefly. Owing to the varying conditions of functions and surrounding pressure, epithelial cells normally are of every conceivable shape; thus they vary through all gradations, from the flat epithelial scales of the skin, through the round and cuboidal cells of the secreting and excreting glands, to the cylin drical cells of the intestinal canal, or the ciliated cells of the Fallopian tube. We must, therefore, expect to find all sorts of epithelial cells in carcinoma — and so we do. There is, indeed, no typical carcinoma or "cancer cell." We may find one composed mainly of the flat cell, as in ordinary epithelioma, or the cylindrical cell as in cylindroma; or the tumor may contain all intermediate kinds. The distinguishing feature of carcinoma, however, lies in the arrangement of these cells. They are usually arranged closely together in groups. These groups are surrounded by the altered connective-tissue which forms the framework of the organ in which the new growth is developing. Thus is produced the characteristic bird's-nest appearance of carcinoma. It is to be noted that there is never any connection between cells and fibres. The cells are huddled together as in open spaces, and the fibres surround, but do not intermingle or connect in any way with the cells. If the cells predominate in a given tumor, it produces a soft carcinoma, or encephaloid. But if the connective-tissue is much increased, we have a hard or scirrhous tumor.

Like carcinoma, sarcoma is also made up of cells and fibres. But the cells and their relations to the fibres are different. The earliest form of the connective substance in the embryo is the mucous tissue, an example of which is found in Wharton's jelly of the umbilical cord. This is a jelly-like substance through which are scattered connective-tissue cells of varying sizes, and of varying shapes, from round to oblong. Soon, around, and as if from these cells, fibres are developed; they are not arranged in any definite way, but cross and recross and run all around between the cells. At this stage, just before cells and fibres are arranged in a definite and organized manner, we have what is called embryonal

connective-tissue. Now, it is exactly this form of connective-tissue that sarcoma reverts to as a type. The cells are of all shapes and sizes. They may be round from small to large — they may be oblong, or spindle-shaped, from small to large, or, as is usually the case, we may have all kinds mixed. The predominating cell gives its name to the growth; if a small round cell, it is called a small round-celled sarcoma; if composed of large round cells, it is called a large round-celled sarcoma. In like manner, we have the small and large spindle-celled sarcomas. If the cells contain pigment, we have a melanotic sarcoma. The fibres may be few or abundant. Just as in the normal tissue, they mix freely with the cells, and seem often to be connected with them, as if they had been derived from the cells. In differentiating from carcinoma, we cannot positively rely upon the shape of the cells, because the carcinoma cell is so atypical. There may be groups of cells, just as in carcinoma, but they have this distinction, that the fibres run, not only around the groups, but also between the individual cells.

THE THIRTY-SECOND ANNUAL MEETING OF THE ILLINOIS HOMŒOPATHIC MEDICAL ASSOCIATION.

HELD AT JOLIET, MAY 17, 18 AND 19.

Reported by Curtis M. Beebe, M. D., Sec'y.

Meeting called to order by President R. N. Foster, M. D., Chicago. Motion was made and passed that the reading of the Annual Address by the President be postponed until the evening session.

The Auditing Committee was appointed as follows: Messrs. L. Pratt, M. D., Wheaton, chairman; C. A. Weirick, M. D., Marseilles, and F. O. Pease, M. D., Morgan Park. The Committee on President's Address was appointed as follows: M. B. Campbell, M. D., Joliet, and C. E. Ehinger, M. D., Quincy.

C. E. Ehinger, M. D., Quincy, was elected treasurer pro tem. An informal discussion of clinical cases preceded the opening of the Bureau. A case reported by Prof. R. N. Foster, M. D., Chicago, was of especial interest. The patient, a young woman, married three months, menstruated once, had all of the symptoms of pregnancy, together with a discharge of bloody serum and two attacks of sudden and violent pain. Could detect a soft, fluctuating swelling in the right ovarian region. Diagnosis: Extra-uterine pregnancy. The use of electricity five minutes every day had caused the tumor to shrink in size and the pain to be entirely relieved. Has only had the case under observation two weeks and considers the difficulties of diagnosis very great so early in the pregnancy. Prof. John W. Streeter, M. D., Chicago, states that electricity cures every case; that the prognosis for the mother is more favorable if fœtal life be suspended than if the pregnancy be permitted to continue to full term, and that you should not wait until you are absolutely certain of the diagnosis, but when the indications point to extra uterine pregnancy the earlier that electricity is applied the better.

The Bureau of Medical Legislation, Jurisprudence and Education, John A. Vincent, M. D., Springfield, chairman, made an extended report of what the Legislature was planning, and how homœopathy could best secure representation in state institutions. Among other things was noted the fact that the regular school had a majority of the State Board of Health, and that homœopathy should be represented by one more member.

The Bureau of Obstetrics reported as follows: A. A. Whipple, M. D., Quincy. Subject: Vomiting of Pregnancy. Discussed by Prof. L. C. Grosvenor, M. D., Chicago, as follows: Have only had one case of vomiting of pregnancy which was not relieved by remedies. That was a patient with a very bad case of endo-cervicitis. My usual treatment is Sulphate of hydrastia dissolved in water sufficient to give the water a straw-color. To be taken *ad lib.*

If heartburn accompanies the nausea, put Salicylic acid in the same glass. For pyrosis use Apollinaris water. When nausea is very severe two grains of Svapnia in half a glass of water is to be taken in teaspoonful doses.

The first case that interested me, when a student with a regular physician, was a case of vomiting of pregnancy cured by a homœopathic physician with Ipecac 3x. Prof John W. Streeter, M. D., Chicago, spoke upon the same paper as follows: I have had some unmanageable cases. My best remedy is chicken's gizzard, 10 gr. doses as often as necessary. My second best remedy is Mephitis, 400x. Look out for some local cause. Examine the pelvic organs. You may find

some uterine displacement, constipation, inflammation of the neck of the womb, or very tight contraction of the cervix. Dilatation of the cervix in very severe cases is often attended by relief. The dilatation should be gently carried on until the canal is large enough to admit the index finger. In a few cases it has been necessary to bring on a miscarriage.

Prof. L. C. Grosvenor M. D., Chicago, then read a paper. Subject: Dressing the Woman and Her Couch for Labor. The paper was very warmly applauded, and questions and discussion occupied a considerable time.

Prof. John W. Streeter, M. D., Chicago, discussed the paper as follows: "Chloroform and forceps are used in two-thirds of all of my cases. Not because it is necessary, but it saves hours of suffering and is absolutely safe. I apply the forceps with the hips elevated upon a pillow and introduce the second blade first in the high operation. When the occiput is posterior at the outlet, I prevent further descent and rotate the occiput to the pubes, and the head is born in this way without rupturing the perineum."

E. M. Hale, M. D., Chicago, then read a paper. Subject: Infectious Mammary Abscess.

Bureau of Ophthalmology and Otology. Prof. J. H. Buffum, M. D., Chicago, read a paper. Subject: Purulent Conjunctivitis. Discussed by C. W. Enos, M. D., Jerseyville, and F. H. Foster, M. D., Chicago. The latter suggested radial incisions through the ocular conjunctiva, to clear up the cornea in the second stage of the disease.

F. H. Foster, M. D., Chicago, read a paper. Subject: Granular Conjunctivitis treated by the application of Jequirity.

Bureau of Materia Medica. Paper by F. W. Gordon, M. D., Sterling. Subject: Practical Medicine.

Prof. R. N. Foster, M. D., Chicago, then read a paper. Subject: Rest as a Therapeutic Resource. Many interesting cases were cited illustrating the proposition.

Bureau of Pathology, Physiology and Histology. A very valuable paper was read by Prof. Clifford Mitchell, M. D., Chicago. Subject: Examination of the Urine in Kidney Diseases. Paper by F. O. Pease, M. D., Morgan Park, citing cases of phthisis resulting from cardiac valvular diseases. Paper by Prof. M. J. Bliem, M. D., Chicago. Subject: The Place of Sarcoma and Carcinoma in Pathology. Paper by Willis Danforth, M. D., Milwaukee. Subject: Cause of Zymotic Diseases.

Bureau of Diseases of Women. Paper by Prof. John W. Streeter, M. D., Chicago. Subject: Uterine Carcinoma, in which he emphasized the importance of early diagnosis, because then the disease was a local one and the removal of the cervix constituted the removal of the disease.

Bureau of Clinical Medicine. Paper by Prof. J. S. Mitchell, M. D., Chicago. Subject: Pneumatic Differentiation. Many physicians testified to the virtues of the pneumatic cabinet and cited cases of phthisis, congestion of lungs and asthma cured by this means. Paper by C. E. Ehinger, M. D., Quincy. Subject: Functional Heart Derangements. This paper considered the relative importance of functional and organic heart disease, and the influence of alcohol and tobacco in their causation.

Paper by W. A. Smith, M. D., Winona. Subject: Peritonitis.

Bureau of Neurology, Psychology and Electrology. Paper by E. C. Williams, M. D., Chicago. Subject: A Case of Cerebral Thrombus.

Bureau of Surgery. Paper by Prof. Henry Sherry, M. D., Chicago. Subject: A Case of Epicystotomy. Paper by Prof. Curtis M. Beebe, M. D., Chicago. Subject: Gonorrhœa. Paper by Prof. E. H. Pratt, M. D., Chicago. Subject: Rectal Pockets and Papillæ. Many physicians testified to the virtues of the operation of cutting away the papillæ and pockets from the rectum and of stretching the rectum. Among the number were Prof. Geo. A. Hall, M. D., Chicago; C. A. Williams, M. D., Chicago; H. P. Skiles, M. D., Chicago; C. A. Weirick, M. D., Marseilles, and Dr. Cowell, Elmwood. Paper by Chas. M. Koier, M. D., Chicago. Subject: Cancer of the Breast. Paper by M. B. Campbell, M. D., Joliet. Subject: Pyæmia. This was a very able paper and was criticised very favorably by Prof. Sherry. Paper by T. J. Merryman, M. D., Champaign. Subject: Powder Stains. Paper by Prof. G. F. Shears, M. D., Chicago. Subject: Cleft Palate.

Bureau of Diseases of Children. Paper by C. B. Kinyon, M. D., Rock Island. Subject: Some of the Poisons Generated in Meat and Milk. Paper by J. J. Lobaugh, Elmwood. Subject: Value of Diagnosis in Diseases of Children. Paper by M. J. Hill, M. D., Ster-

ling. Subject: Clinical Cases. Paper by T. C. Duncan, M. D., Chicago. Subject: Infant Development and Longevity.

Paper by Prof. Chas. Gatchell, M. D., Chicago. Subject: Intubation of the Larynx. Discussion by Drs. C. M. Beebe and Henry Sherry.

Bureau of Anatomy. Paper by Prof. Henry Sherry, M. D., Chicago. Subject: Private Dissecting Rooms.

Bureau of Sanitary Science and Hygiene. Paper by Howard Crutcher, M. D., Chicago. Subject: Sanitation of the Contagious Diseases. Paper by Prof. L. C. Grosvenor, M. D. Chicago. Subject: Our Boys.

Bureau of Necrology and Statistics. Prof. L. C. Grosvenor, M. D., Chicago, made the following report:

Whereas, in the course of human events, one of the honored and oldest members of this Association, Prof. A. E. Small, M. D., of Chicago, has left us for a nobler life beyond; and,

Whereas, he was recognized as one of the pioneers of Homœopathy in America, and one of the founders of the first Homœopathic College in this country; and,

Whereas, he occupied for several years a professional chair in this college with distinction, and for one half a century has been known as an efficient instructor and practitioner of Homœopathic Medicine; and,

Whereas, he filled with distinction the highest position of honor in the gift of the largest body of Homœopathic Physicians in the world, in addition to innumerable positions of trust and influence at the hands of the Homœopathic profession; and,

Whereas, this great and good man, so universally respected, will meet with us no more; therefore, be it

RESOLVED: That we, the members of the Homœopathic Medical Association of the State of Illinois, in convention assembled, do humbly and reverently bow to this mandate and recognize in the death of our lamented colleague, Prof. A. E. Small, an irreparable loss to this body and to the Homœopathic medical profession of the world.

RESOLVED: That we desire to express our appreciation of him as a teacher, an author, a prominent member of the profession, and as a noble-hearted man, and we sincerely believe that all who knew him were the better for the knowledge.

RESOLVED: That we feel grateful to our Master that he was permitted up to the hour of his call, Dec. 31st, 1886, to continue his professional duties, and although advanced in years to leave us while yet in the full enjoyment of his professional glory.

RESOLVED: That we extend to the family and friends of our deceased brother our deepest sympathy and sincere condolence.

The reading of the resolutions was followed by appropriate remarks by Dr. D. S. Smith, Chicago.

Resolution introduced by Prof. R. N. Tooker, M. D., Chicago, as follows:

Whereas, Our State Board of Health has deemed it proper to introduce to the Legislature an act to regulate the practice of medicine, whereby non-licentiates of legally qualified medical colleges shall be debarred from practice without undergoing an examination on the principles of medicine, and,

Whereas, We fully believe that no one is qualified to practice medicine without a full and thorough course of study in all of its various branches, therefore,

RESOLVED: That we heartily endorse the action of the State Board of Health and give it hereby our unqualified approval.

Resolution introduced by Prof. R. N. Tooker, M. D., Chicago.

RESOLVED: That a committee of two be appointed to extend in behalf of the Society an invitation to some prominent physician outside the State to deliver at its next annual meeting an address or paper upon some medical subject to be selected by himself.

Resolution adopted.

Committee appointed was Prof. R. N. Tooker, M. D., Chicago, he to select his own associate.

Committee on President's Address report as follows: That the Secretary be instructed to have 3,000 copies of the President's Address printed in pamphlet form, for free distribution to the members of this Association.

Prof. Pratt and Prof. Foster each extended in behalf of the Society the most hearty thanks to the resident physicians, especially to Dr. M. B. Campbell, to the prison authorities, to the Y. M. C. A., for their building, and to the press.

On motion of Dr. Pease a resolution was adopted providing for the employment of a stenographer, to report the full proceedings of future meetings for publication.

The election of officers resulted as follows:

President, C. B. Kinyon, M. D., Rock Island.

1st Vice-President, G. A. Hall, M. D., Chicago; 2nd Vice-President, F. W. Gordon, M. D., Sterling; 3rd Vice-President, H. P. Skiles, M. D., Chicago.

Secretary, Curtis M. Beebe, M. D., Chicago.

Treasurer, A. A. Whipple, M. D., Quincy.

Board of Censors: J. W. Coyner, M. D., Peoria; W. J. Hawkes, M. D., Chicago; C. W. Weirick, M. D., Marseilles; S. Pratt, M. D., Wheaton; J. S. Mitchell, M. D., Chicago.

All of the officers were elected by acclamation.

On motion of Dr. Smith a resolution was adopted making the Medical Era the Official Organ of the Association, and providing for the publication of full proceedings and all the papers in this journal.

[Bureau appointments for next meeting will be published hereafter.—Ed.]

WAS IT RHEUMATISM?

By W. E. HATHAWAY, M. D.
MARYVILLE, TENN.

FOR a number of years I have been subject to sciatica, and exposures to cold and damp have repeatedly been followed by distressing attacks of this sometimes excruciating malady. Recently I noticed symptoms of my old enemy, for which I could only account by the fact of having exchanged my heavy winter clothing for lighter garments. The pain was the old-fashioned drawing, pestiferous ache, but instead of satisfying its malignancy by following the course of the sciatic nerve, it went in all directions, hunting up nerves that never knew an ache before, and my nervous system seemed to have been invaded by a host of anarchists, bent on the destruction of my peace and comfort. During the night and when I was attempting *to rest* was their time of wanton riot. I writhed and twisted and turned, and stretched to no purpose, and neither Rhus, Ars., Bell., Aconite, nor any other apparently indicated remedy did the least good to mitigate my torture.

A very slight pain under the ribs on the right side at the lower edge of the liver made me think that perhaps a liver remedy would give benefit. Acting on the thought I arose and took *one drop* of Chelidonium, tincture. In less than thirty minutes all pain had vanished, and my peace, if it didn't "flow as a river," was marvelously good to contemplate.

I had suffered three or four days and nights increasingly. Not much when moving about, very much when at rest. Toward night the pains returned to some extent, but another drop of the Chelidonium maj., tincture, put them to flight. No author, so far as I know, has mentioned the Chelid. maj., in connection with sciatica or myalgia, but a glance at its pathogenesis as given in Hale or Cowperthwaite might suggest its application. Cowperthwaite indeed says: "Rheumatism, the least touch anywhere is exceedingly painful; sweat without relief.

"Rheumatism worse in the lower limbs, especially in the right tarso-tibial articulations; worse from walking."

I was much relieved by motion of any sort.

Santonine Poisoning.—The symptoms of poisoning by Santonine are thus described, in a child who had taken 1½ grains: The patient was lying on his back, in a state of deep prostration, now and then interrupted by sharp cries. The child then would bend up its knees and place its hands on its abdomen, apparently the seat of the pain. This fit over, he would fall again into the former somnolence. The face was of a livid paleness, the pupils dilated, breathing frequent, the pulse rapid and irregular, while the rectal temperature remained below 98.6° F. The stomach would immediately reject anything ingested.

Oxygen. — The Quincy Oxygen and Physician's Supply Co., have their improved oxygen apparatus in successful operation in almost every state and territory in the Union. If you are interested in oxygen, write them, whether you think of purchasing or not. Their new price list will be mailed upon application.

"The Cremation of the Dead," soon to be issued by D. O. Haynes & Co., Detroit, will contain an introduction by Sir T. Spencer Wells. It will be profusely illustrated.

The new number of *St. Nicholas* opens with a charming frontispiece by Frank Russell Green, entitled "A Day Dream." It reminds us that summer is at hand; and Frank Dempster Sherman's poem, "June," leaves no doubt upon the subject.

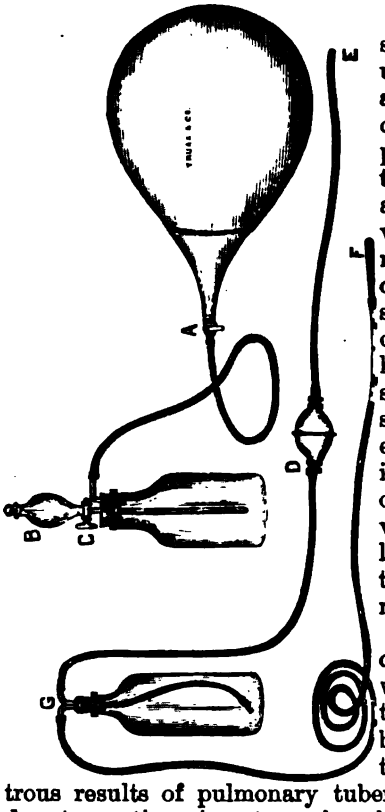
A splendid chance for a good physician. The best practice and best location in northern Illinois, for sale "cheap," with or without residence and office. Good reasons for wishing to sell. Address, Dr. P. I. Cromwell, De Kalb, Illinois.

"Doctor, what would you do if a man should call you a liar?"

"How big did you say the man would be?"

BERGEON'S METHOD OF THE TREATMENT OF PHTHISIS BY GASEOUS ENEMATA.

THIS method of the treatment of phthisis, which has grown so rapidly in favor, while it is not a specific for the disease, has much to recommend it, and no physician does justice to his patient who fails to give him the benefit of it. In the following account we have made free use of a paper by Dr. J. Solis-Cohen, of Philadelphia, in the *Medical News*.



Dr. Cohen says: While unprepared, at this early date, to express a positive opinion as to the value of the method in curing consumption, he does not hesitate to state that sufficient evidence exists to demonstrate its value as a legitimate therapeutic measure.

The principle upon which the treatment is based is that the disastrous results of pulmonary tuberculosis are due to septicæmia set up by absorption of the noxious products of suppuration in ulcerous lesions in contact with the atmospheric air; and that repeated prolonged bathings of the suppurating surfaces with a safe antiseptic agent, controls the suppuration and gives the lesions an opportunity to undergo cicatrization.

A mixture of carbon dioxide and hydrogen sulphide is thoroughly tolerated when these two gases are pure and completely deprived of admixture with atmospheric air. In their union, the carbon dioxide plays somewhat the part of an inert agent, and attenuates the irritant properties of the hydrogen sulphide.

The accompanying cut represents the form of apparatus used in making and administering the gas. Since a full description and instructions always accompany the apparatus as sold by instrument-makers, no extended account is necessary in this connection. The sulphur water of the Mt. Clemens, Mich., mineral springs, is preferred by those who have used different kinds.

When the gas is ready for administration, the nozzle is inserted into the rectum of the recumbent patient, and the injection made slowly. All clothing must be loose. With the hand on the abdomen, the amount of distension of the colon is noted, and when this is marked, or when pain is complained of, the process is suspended until absorption takes place, as manifested by relaxation of the tension; and then the process is resumed. Within four minutes, sometimes within one, the sulphuretted hydrogen can be perceived in the breath, and be detected by paper saturated with plumbic acetate. It is prudent to have a bed-pan at hand in case there should be a call to stool. The injection should not be made upon the full stomach. This may produce emesis, it is said. You want all the room possible in the abdomen to prevent pressure upon a distended stomach and upon the diaphragm.

Three or four hours after a meal, or just before one, is the best time for injection. Two injections are given daily. Three hours after breakfast and three hours after supper are the best periods.

The injections must be made very slowly. Especially must this precaution be observed where the pulmonary lesions are extensive, otherwise severe dyspnœa will result.

Now, as to therapeutic results. All published observations recount rapid amelioration of the suppurative phenomena; a marked diminution in cough, expectoration, dyspnœa, and night-sweats, being noted within two or three days. Similar prompt improvement, with reduction of temperature, has been noted in some of my own cases, not in all. Some of his more than 200 patients Dr. Bergeon considers cured. These, he states, no longer expectorate, and present no other

stethoscopic evidence than the dry sounds due to cicatrized or cicatrizing cavities, or to cicatricial bands consecutive to old lesions.

It is important that the treatment should be continued for some months, until all the pulmonary lesions have been cured, lest incompletely cicatrized surfaces undergo suppuration afresh, and reproduce septicæmia. They should be renewed from time to time, even after apparent cure, and especially upon any reappearance of cough, expectoration, fever, or emaciation.

In Bergeon's cases, the trifling expectorations of those apparently practically cured continue to contain bacilli. This fact may be taken both for an indication that the immediate danger in phthisis is less from the bacilli than from the septicæmia which they set up, and as an indication that this protective treatment, when successful, should not be discontinued until the general healthiness of the tissues is sufficiently restored to resist the further development and sustenance of the bacillus tuberculosis.

Dr. Edward T. Bruen thus summarizes the result of his experience:

1. In nearly all cases lasting effects have been secured in the reduction of temperature, suppression of night-sweats, lessened cough and expectoration, and in some all physical signs of bronchial catarrh abolished.

2. Temporarily reduction of pulse-rate fifteen to twenty beats, and temperature one-half a degree to one degree during administration of the gas.

3. The amount of gas introduced into the bowel has varied from three quarts to a gallon at each injection. It has been introduced very slowly, from fifteen minutes to half an hour being demanded by the operation. The administration has been practiced in most cases twice in the twenty-four hours.

4. Administration of the gas in different amounts and varying degrees of concentration is now being practiced, and also investigations into the characteristics of the sputa.

5. In only one of the cases of phthisis the effects of the gas have been entirely negative. [Occasionally it is not well borne, but this is very exceptional.]

6. In cases of phthisis complicated by intestinal lesions, experience is still insufficient to make it possible to state positive results.

7. The ultimate value of the treatment can certainly only be established by time. The probable mode of action would seem to be antiseptic, and by reducing suppuration and the relief of the attending serious symptoms, the patient is permitted to gain by food, exercise, and general treatment. Thus far, the value of the gas seems to be that of a useful therapeutic measure, rather than a curative plan of treatment.

XIV.

THE DOCTOR TALKS.

"Stop a moment!" said the Doctor, as he caught me by the button on my right lappel. "I want to tell you what I did the other day. You will recollect, when the virtues of cocaine were first made known, how it was at once tried on every disease that flesh — well, you know the rest — until it was assigned to its proper place. Now we are going through a similar experience with carbon dioxide and hydrogen sulphide. Phew! who would have suspected, a few months ago, that so much virtue resided in the aroma of a decayed egg! But to-day it is being applied to the treatment of everything from consumption to rickets, and many are the sins committed in Bergeon's name. One Philadelphia M. D. reports that he has promptly cured every case of gonorrhœa on which he has used it, and I suspect that it will soon be tried on leucorrhœa, diarrhœa, and all the little rhœas."

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"But my experience with it is of quite another character. I call it

A NEW USE FOR MOREL'S APPARATUS.

"Day before yesterday I was summoned to a case of what proved to be intussusception of the bowels. My patient was a young man of twenty, who, the night before, had suddenly been seized with violent abdominal pain, which was soon followed by all the characteristic symptoms. There was the most violent colic, obstinate constipation, and a sausage-like tumefaction in the right iliac region. In spite of the most energetic treatment — injections of water and injections of air, with the patient in all sorts of positions — by night the symptoms were decidedly worse. There had been vomiting-spells, at intervals, for several hours, but my heart sank within me when fæculent matter first appeared, and I feared that laparotomy offered the only hope.

"But I determined to make one more effort. I sent for my Morel's apparatus, got some C. P. sulphuric acid from the nearest pharmacy, some soda from the kitchen, and soon had a plentiful supply of carbonic acid gas. With the patient still suffering, slowly I injected the gas into the rectum until almost two gallons had entered, and the patient's abdomen looked like the dome of St. Peter's. Suddenly there was a sigh of relief, and the patient said that he heard something snap, but as my telephonic communication with his bowels was less direct than his own, I offer this on his testimony alone. But from that moment there was entire relief, and no recurrence of the trouble. As I have stated, in the previous treatment injections of air had been tried, but without avail. I found that the bowels would tolerate much larger quantities of carbonic acid gas than they had of air, and to this fact I attribute the success of the final treatment, after former efforts had failed."

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"And this reminds me," continued the Doctor, "of the way in which a man in a neighboring city was once cured of the colic. I know it to be true—I was there at the time. It was before the day of telephones, when police, and carriages, and doctors, and what-not, were summoned by a clock-faced affair that hung on the wall. The gentleman in question awoke in the night with a violent attack of colic. He turned the crank of the clock-faced affair to summon his doctor. He then had the front door put off the latch, the hall gas lighted, and his room brightly illumined, ready to receive his physician and friend. In a few minutes a fire-engine dashed up in front of the house, couplings were made, and quicker than a flash two firemen appeared at his chamber door, with a long hose and a big brass nozzle, ready to deluge the apartment with a flood of cold water.

"'Great heavens!' cried the invalid,' 'I sent for a doctor, but I didn't want a hydropath! Get out of here!'

"The patient rolled over in a spell of laughter, the pain disappeared, and so did the firemen.

"He had turned the crank of the clock-faced affair a 'leetle' too far!"

***

As the Doctor walked off, I looked at my watch and found that I had been buttonheld just six and a quarter minutes.

SELAH.

OUR PARIS LETTER.

PARIS, May 6th, 1887.

Editor of the Era:

I send you some of the recent methods of treatment here. Let us hope they may be new, and perhaps of interest to your readers.

Atrophying Scirrhus: Patient, aged 66, entered the Hotel Dieu, Dec. 11th, 1886. The right breast had entirely disappeared, and in its place was an ulcer somewhat oblong, measuring 2 12-16 by 1 13-16 inches. The disease had lasted six years. The surface of the ulcer was covered by a dirty, grayish pus. The edges were raised, hard, nodular, and around them was a circle an inch or more wide of purplish discoloration. In the axilla was a glandular mass nearly, if not quite, as large as a small hen's egg. Patient's general condition was not very good; there were frequent attacks of diarrhœa, lasting two to four days; poor appetite and a good deal of emaciation.

Treatment began Dec. 13th, by the application of powdered Chlorate of potassa over the whole surface of the ulcer; over this a thin sheet of gutta percha, and a chest bandage. Each morning the ulcer was washed with a 3 per cent solution of carbolic acid, and the same dressing was applied. After four days healthy granulations appeared, and the local treatment thereafter consisted in alternate applications of a saturated solution of Chlorate of potash or of the powder.

Dec. 20th an injection of one drachm of a saturated solution of Chlorate of potash was made into the glandular mass. This resulted in severe pain, heat and redness, all of which disappeared within 24 hours. Injections were repeated every two, three or four days.

Jan. 2d a change was made to saturated solution of Chlorate of soda, which gave less pain, especially when injected warm.

Jan. 5th an injection was made into a dense nodular mass on one border of the ulcer. Jan. 7th a mass on opposite border was injected. Each of these injections produced an abscess, thereby increasing the size of the ulcer, which had already begun to diminish very decidedly.

Not to weary by too much detail, these injections were made at different points at gradually lengthening intervals until she received one injection a week.

By the last of March the patient became irritable, tired of treatment, longed for her country home, and it was deemed best to let her go with a good supply of Chlorate of potash. She had gained in flesh, had a better appetite, and no more attacks of diarrhœa. The ulcer had been changed into two small ones by a cicatricial bridge thrown across at what was its widest point. These ulcers had a diameter of about 15 m. m. The edges were very little raised, the skin soft and mobile, the purplish discoloration gone, the ulcers covered by fine healthy granulations, and a minute search was necessary to detect the remains of the axillary mass.

Following are the measurements taken in millemetres:

	Dec. 13.	Dec. 24.	Jan. 5.	Jan. 12.	Jan. 21.	Feb. 15.
72 m.m.	59	36	46	50	40	
42 m.m.	34	26	21	17	15	

Had this patient been in her own home, pursuring her ordinary occupation, and the treatment continued two months longer, I believe the ulcer would have been healed, and the axillary mass would have completely disappeared.

In the same wards I have watched the treatment of several cases of epithelioma of face, lips or tongue, and in each case there has been decided improvement in the ulceration as well as diminution in the size of the invaded lymphatics. What the ultimate results will be, it is too soon to say.

A treatment quite in vogue is that of Prof. Verneuil, for cold abscess. The accepted theory (here) of local tuberculosis has changed, but not removed, the old fear of opening these abscesses, especially as a galloping phthisis or a tubercular meningitis is believed to sometimes follow. The treatment, as I have seen it employed, consists in first introducing the needle of a hypodermic syringe in the upper part of the tumor, next introducing the needle of an aspirator directly into the abscess, or if the skin is very thin and in danger of rupturing, passing the needle through the skin at a distance, then carrying it along under the skin to the collection. The abscess is evacuated and 20 to 50 grammes of a 5 or 10 per cent solution of Iodoform in ether is injected. The warmth rapidly volatilizes the ether, the cavity is distended even to its most remote pockets, the Iodoform is deposited evenly over the surface and is slowly absorbed, at the same time destroying the remaining bacilli. The object of the hypodermic needle is to prevent an over distension of the sack by allowing the vapor to escape. The injections are to be repeated, if necessary, every three to five weeks. I will report one of the cases seen treated in this way: A woman, aged 40, very much emaciated, was admitted in December, 1886. In the left femoral region was a small tumor, painless, distinctly fluctuating, which had been increasing slowly for the past three months. The tumor increased when the patient was standing and diminished when she was lying down. There was no evidence of disease of the spinal column. The sack was aspirated while patient was standing, and about four ounces of greenish yellow fluid was withdrawn, rather less consistent than ordinary cream. Fifty grammes, of a 5 per cent solution of Iodoform in ether, were injected while patient was lying down. There was more than the usual pain, as the distension was allowed to reach a point almost jeopardizing the skin by interrupting the capillary circulation. This patient left the hospital in four weeks, cured by the one injection.

Still another surgical development is a recent innovation in inguinal colotomy.

By the way, the majority of French surgeons, headed by Prof. Verneuil, affect the iliac operation, while Prof. Trelat teaches the lumbar method. The innovation referred to consists in drawing a loop of the colon through the abdominal opening, passing under it a narrow band of antiseptic gauze; the ends of the band then fastened to the abdominal walls by iodoformed collodion, after which an antiseptic dressing is applied so as not to compress the intestine. After three to five days the serous surfaces are completely adherent, and the intestine is opened by the knife or thermo-cautery.

In a case which I recently had the opportunity of observing, there was no elevation of temperature, no untoward symptoms of any kind. The bowels were confined and pain controlled by hypodermic injections of morphine. A statistic of twenty cases gives as favorable results as in the ordinary method.

The subject of penetrating wounds of the abdomen is still of absorbing interest here. Cadavers are stood up and shot at to see what results may be obtained.

On May 2nd, Sir Wm. MacCormac, in a communication in London, gave the following as some of his conclusions:

When a wound of the abdomen is accompanied by prolapse of wounded intestine, the intestinal wound must be closed, prolapsed portion rendered aseptic and reduced, followed by closure of external wound.

If the diagnosis of injury to the intestine is uncertain the abdominal wound must be enlarged, if necessary, and the diagnosis rendered positive. If there is even the smallest wound it must be closed by sutures. If there are several wounds near together, a portion of the intestine had better be resected.

Of the different sutures the Lembert is to be preferred.

In referring to the progress of surgery, the speaker said that in the American war, death, from pyæmia, followed 3,000 operations. After Sedan he saw grave accidents following even very slight injuries, and "most amputations resulted fatally." In the last war in Egypt there was not one death from pyæmia, septicæmia, erysipelas or hospital gangrene.

On last Saturday, Pean presented to the class a young man in vigorous health for whom he had removed the larynx in February, 1886.

Among other operations Saturday was one for the removal of larynx in a patient aged sixty. The progress of this will be reported to the class to-morrow and may be mentioned in the next letter.

OSCAR LESEURE, M. D.

Counsel Wanted.

An Iowa physician wants counsel in the following cases:

I would like opinion and remedies in cases as follows:

No. 1.—Lady (unmarried), aged 23. Menses regular, but first 24 hours has violent pain in the left side of the abdomen, probably in the left ovary; nausea and vomiting; deathly sick; must go to bed. After 24 hours pain and other symptoms cease, and she feels well, with the exception of some weakness. Menses last only two days; regular. The patient is robust in appearance and in good health otherwise. Remedies given do not relieve. After first menstruation, which was not painful, but natural, she did not again menstruate for six months; cause — exposure to cold. When re-established was *very sick* ("nearly died" she says), since which time she has been as above described.

No. 2.— Two married women, both have prolapsus; general health good; have eruption, one on the left hand, especially the little finger; troublesome at menstrual period; heals between times. The other woman has severe itching and redness about the neck and breasts, like erysipelas. What are the remedies? C. A. H.

[The readers of the ERA are earnestly called upon to prescribe for the above cases. Do not let a brother physician ask for aid in vain. Some may have had similar cases; if so, they are the ones to speak.—ED. ERA.]

A. C. E. Mixture.

DELAWARE, O., May 14, 1887.

Editor Medical Era:

I have been a reader of your excellent journal for some time and can say that I am very much pleased with it. In your May issue, under the head of "Miscellany," you have an article that is very sure to mislead some who are not posted as to what the ACE mixture really is. The article referred to reads as follows:

"A. C. E.— The editor of the *Homœopathic Monthly Review* says that the A. C. E. mixture — equal parts of alcohol, chloroform and ether, the anæsthetic so much used by English surgeons — has been proved to be safer and better in every way than either chloroform or ether alone."

Now, if the explanatory clause in the above, viz: "equal parts of alcohol, chloroform and ether," had been omitted, it would have read all right and this complaint of mine would not have been written. The fact is, *equal* parts of these ingredients does not, never did and never will constitute the ACE mixture. The true formula for this mixture is alcohol *one* part, chloroform *two* parts and ether *three* parts. The first letter of each ingredient, in order as above, forms the word ACE, which helps to fix the proportions in one's memory.

I have used this mixture for several years and can say that I fully agree with the article, that it is "safer and better in every way than either chloroform or ether alone," *provided* a *pure* article of alcohol is used.

Very truly yours,

M. P. HUNT, M. D.

Phytolacca in Laryngismus Stridulus.

Case: Child 11 months old; usual remedies failed; gave Phytolacca 3x and 200x in alternation; later (12 hours) 200x only; improvement began at once. From an article "What I Know About Phytolacca," in which it is claimed Phytolacca resembles Calc. carb. I got indications. Calc. carb. seemed indicated, but failed. Child fleshy, light hair, blue eyes. Also used Phytolacca in diarrhœa during teething in place of Calc. carb. and Chamomilla with startling effect.

Corning, Iowa. C. A. H.

Berberis for Biliary Colic.

Dr. E. Lippencott, of Memphis, sends the following in reply to the inquiry of H. M. H. in the last MEDICAL ERA:

Diagnosis: Biliary Colic. Treatment: Berberis vulgaris 3x dil., ten drops in half a glass of water; dose — a teaspoonful every fifteen or thirty minutes during the attack. In the intervals of the attack give five No. 30 globules moistened with same medicine, before each meal and on retiring.

Under Berberis we find: Pains from below upwards; from before backwards; obliquely inwards. Violent, sudden, incisive, contractive pain; violent sticking, pressive pain in region of the gall-bladder; pressure, also stitching in region of the liver; colic from gall-stones; pains, as from spraining or wrenching; contractive pains.

This remedy is suited to some asthmatic and rheumatic affections, and has served me well in the treatment of biliary calculi.

E. LIPPENCOTT, M. D.

SEND for Essay and Discussion before the British Medical Association at Brighton, England, 1886, (Essay) by the Vice President of the American Medical Association, and others, on the value of Murdock's Liquid Food over all foods and extracts known, it being the only raw condensed food, free from insoluble matter. Also Essay read before the American Medical Association at Richmond, Virginia, and Washington, D. C. Its value was recognized by the profession from results obtained in the Free Hospitals that have been established and supported by our Mr. A. L. Murdock during the last four years.

MOREL'S APPARATUS.—Complete apparatus for treatment of consumption by Bergeon's method of gaseous enemata is for sale by Gross & Delbridge, price $10.

GYNÆCOLOGY AND OBSTETRICS.—Lea Brothers & Co., of Philadelphia, have in press what they have named the "American System of Gynæcology and Obstetrics." The subjects treated are those which American medicine has made peculiarly its own, and in which it has won its greatest triumphs. The practical tendency of American minds has introduced methods of treatment that cannot be looked for in the writings of foreign authors.

No expense will be spared in presenting the Systems in a dress becoming to works of so great importance. The arts of both the engraver and chromo-lithographer will be generously employed wherever illustrations will really serve to elucidate the text, but no space will be occupied by superfluous pictures. Each volume will be copiously indexed, and the final volume of each System will contain a general index to the entire subject. Send to them for a descriptive catalogue.

WHY! my dear Brother Fisher, THE MEDICAL ERA has been on deck the first week in every month since you saw it last! It is you that have been asleep. Tell us what numbers are missing, and we will engage the United States Postal Department to convey them to you by earliest train.

W. H. Rassman, M. D., Attending Physician, North Eastern Dispensary and Late House Surgeon, Maternity Hospital, New York City, under date of August 1, 1886, reports as follows: "Impressed with the importance of the proper feeding of infants, I determined to make, as thoroughly as possible, a series of comparative clinical tests, both in the North Eastern Dispensary and in private practice. I obtained eleven varieties of Food, using of each one or more packages, according to the duration of the case. I used as little medicine as possible, and took particular care to have the directions on each package of Food carefully followed. Some foods I found absolutely worthless if not injurious, containing undigested starch and other elements. Others seemed useful in simple mal-nutrition, but were too laxative and irritating in their action to be safe in intestinal derangement. The Food, however, which in any and every case fulfilled all requirements was Lactated Food. In mal-nutrition it was 'a complete substitute for mother's milk,' acting in a way which charmed the mother, and was highly appreciated by the physician. In the exhaustion consequent on summer diarrhœa and entero-colitis, its effect was wonderful, filling out the emaciated body and checking the disease with little or no medicine. In cholera infantum, however, it achieved its greatest triumph, holding the disease in check in a grand manner, and finally restoring fully the lost weight and strength."

CONVENTION NOTES.

The success of the meeting was due largely to the efforts of Dr. M. B. Campbell. He saw to it that we were well taken care of at a handsome hotel, whose landlord was full of yarns of his earlier days, when he was an accommodating railroad conductor. The doctor also provided a comfortable hall, well suited to the purposes of the convention. Wednesday evening we met at Dr. Campbell's residence, where he and his accomplished wife received us, and added to our more earnest work a social feature which all enjoyed, and will never forget. By virtue of his official position in the State Penitentiary, he secured for the members of the convention a delightful reception by the Warden of that institution, where we also had the pleasure of being presented to his Excellency, Governor Oglesby. To this was added a choice repast in the handsome dining-room belonging to the officers' quarters. We saw all the internal workings of the immense prison, visited the hospital and dispensary where homœopathic prescriptions are dispensed to the sick among 1,500 prisoners, by homœopathic physicians. And all agreed that this entertainment formed a very enjoyable part of a most enjoyable meeting, for which a large share of the credit is due to that same Dr. M. B. Campbell, and, like Abou Ben Ahdem, may his tribe increase!

American Institute.

The West should be especially well represented at the Institute this year, and all should endeavor to reach Saratoga in time to listen to the address of the President, Dr. F. H. Orme. The South, also, should show their interest in the President by sending a large delegation.

Railroad Rates to Saratoga.

Dr. Cowperthwaite has arranged for a fare and a third to all points in the Central Traffic Association Territory, *i. e.*, east and north of Chicago, St. Louis and Cincinnati, and west of Buffalo and Pittsburg. All who buy tickets should obtain *certificate of purchase* from the local agent, and on this they can obtain a return ticket at Saratoga for one-third fare. But it is important to obtain this "starting-point" certificate!

All physicians living in Trunk Line territory — east of Buffalo and Pittsburg — must procure certificates of membership from J. C. Burgher, 960 Penn Av., Pittsburg, in order to obtain starting-point certificates.

PERSONAL.

Dr. Ed. Williams has removed to 3214 Graves Place.

Dr. J. N. Long, of Coldwater, Mich., was a recent visitor to Chicago.

Dr. Chas. Adams' office will hereafter be at his residence, 206 Twenty-eighth St., near Michigan Av. Telephone 8151.

Dr. W. A. Foster, of Curran, in the Springfield *Monitor*, gave an excellent account of the Governor's reception of the homœopaths.

Dr. Clifford Mitchell has taken an office at 603 Rialto Building, opposite Rock Island depot. He makes a specialty of examination of urine.

Dr. Wm. Tod Helmuth, of New York, has as his private hospital the house which was long the residence of the celebrated Dr. Willard Parker.

Dr. G. Frank Lydston has removed his office to Suite 812, Chicago Opera House Block. Practice limited to general office and consultation practice and surgery.

Dr. Henry Sherry was re-appointed Attending Surgeon to Cook County Hospital, at the annual meeting of the Commissioners. The Staff also re-elected him Secretary of that body.

Dr. W. T. Branstrup, of Topeka, Kansas, has been appointed a member of the Board of Health of the Capital City, and the Board, at its first meeting, elected him to the position of Secretary.

ANOTHER competent eye and ear specialist can find a first-class opening in Detroit, and no doubt about it.

No physician should recommend a food as he would not a medicine, without knowing its composition, and the composition of most of the recent dietetic preparations, ending with Carnrick's, has been announced. Carnrick's food contains a large percentage of the solid constituents of milk, the casein of which has been partially digested so as to resemble the casein of human milk in its behavior under the digestive ferment. The other ingredient is stated to be wheat flour subjected to prolonged baking, so that its starch is to a considerable extent converted into dextrine. This food has the advantage of easy preparation in the nursery, and easy digestion. Used alone it is sufficiently nutritious for the infant. It will probably supersede some of the older foods of the shops. Poor families who cannot afford to use it as the sole food, will, according to my observation, find it useful made into a thin gruel and employed in diluting the cow's milk with which these infants are fed.— *Prof. J. Lewis Smith, M. D.*

BOOK REVIEWS.

A Text-Book of Pathological Anatomy and Pathogenesis. By Ernst Ziegler. Translated and edited for English students by Donald Macalister, M. A., M. D. Three parts complete in one volume. Octavo, 1118 pages, 289 illustrations. Price, extra muslin, $5.50; sheep, $6.50. New York: William Wood & Company. [Chicago: W. T. Keener.]

Discoveries follow each other so rapidly now-a-days that a book is soon out of date, and in order to be abreast of the times one must possess the latest work on a given subject. In pathology Ziegler's work supplies this demand, for like every product of a German workshop, it is thorough and exhaustive. It is in bacteriology that the greatest strides are being made in the study of disease processes, and Ziegler gives the very latest on this subject. Indeed, it is rather startling to hear our author say — "It may therefore be accepted as an established fact that tuberculosis is an infective disease, induced by the presence of a specific bacillus." But, he makes it more clear by adding — "It would seem as if infection occurred only where a definite predisposition exists." And we may ask, what is this "predisposition?" Those who would be informed on the very latest in pathology, must own this book.

A Practical Treatise on Obstetrics. Vols. II. & III. (4 vols.). The Pathology of Pregnancy. By A. Charpentier, M. D., Paris. Illustrated with lithographic plates and wood engravings. These are Volumes II. & III. of the "*Cyclopedia of Obstetrics and Gynecology*" (12 vols.), issued monthly during 1887. New York: William Wood & Company. [Chicago: W. T. Keener.]

The Medical Library for 1887 issued by this enterprising house, surpasses any previous series. Charpentier's treatise will be welcomed by all who receive it. The author goes into the details of all treatment in a very thorough manner, and the books are fully illustrated. The American editor has taken pains to give the reader the benefit of such modifications of treatment as are in accord with experience on this side of the water, which adds to the value of the work for American readers. Once in a while, in one's reading, it seems as if the political prejudice which exists between the French and German nations, crept into their scientific work. The American editor acts as arbitrator, and gives a disinterested review. When complete, this set will form the latest work on the subject of obstetrics and gynecology.

Pregnancy, Parturition and the Puerperal State. By Paul F. Munde, M. D. Detroit: Geo. S. Davis. 1887.

This is one of the series of the Physicians' Leisure Library. It is well described by its title. It gives, briefly, the management of labor, with all its accidents. The name of the author is a sufficient guarantee of its reliability.

Natural Law in the Business World.— By Henry Wood. Boston: Lee and Shepard, 1887.

The reign of law, which is universal, is being traced into new fields, and Mr. Wood has done society a service by calling attention to the fact that even in those affairs which are supposed to be under man's control, it will not brook violation. Mr. Wood shows, so plainly that it is a wonder all cannot comprehend, that the laws of business cannot be transgressed with impunity, for each departure invites a penalty. The book is clear, logical and interesting, and it should be read by all whose lives are affected by the questions with which it deals — and whose are not? Coöperation, Mr. Wood thinks, offers no solution for the problems involved, but profit-sharing he looks upon as a remedy which promises much.

Field's Medico-Legal Guide. A Book for Doctors and Lawyers. By Geo. W. Field, LL. B. Banks & Brothers. Albany and New York. 1887.

A book of this character is intended to keep one out of trouble. If every physician would read it carefully, he would understand better what his rights are — his duty to others, and others' duty to him. It deals with questions of expert testimony, insanity and its legal relations, privileged communications, abortion, liability for malpractice, medical ethics, etc. There are numerous citations to authorities, and decisions by courts in the various states.

Bovinine.— There is no truth more self-evident than that the material body demands material food for its growth and sustenance. It is not the poor alone who suffer for lack of proper nourishment. There are to-day thousands among the rich and prosperous who are literally starving to death. This may seem a startling assertion, but it is nevertheless a true one.

The materia medica is searched in vain, the pharmacopœia is ransacked to no purpose, if starvation is allowed to continue its hold upon the patients. The consumption of food does not necessarily imply nourishment for the body. All the delicacies of the season, even though they may incite the appetite and be partaken of with a certain degree of relish, go for nothing if the impaired digestion is not able to do its work. Without assimilation, the tempting food only proves itself to be so much inert matter and a burden to the enfeebled organs, which are compelled to eliminate it from the system as they best can. In order to dispose of waste matter that has failed to be utilized, there must be a formation of new blood by some substance combined of suitable proportions of hydrocarbons and the nitrogenous or albuminous elements which will not only first stimulate an appetite for ordinary food by legitimate means, but will enable the digestive organs so to utilize what the stomach receives that the quantity of waste matter is largely diminished. It is a prevalent idea that one who is in delicate health requires less nourishment than a robust person. This is very erroneous. The greater the waste the more powerful and concentrated should be the recuperative energy. The important question then is, how to obtain this nourishment, since merely filling the stomach with ordinarily wholesome food does not necessarily accomplish the object. The crying need is for something that the delicate, diseased or worn out system can readily assimilate. We are supplied to a certain extent with that something in many of the prepared foods of the present day. We have the phosphates, and the phosphites combined with other substances for nerve food, and a great variety of beef preparations of different values for sustenance in depressed conditions of the bodily functions. In the minds of those who have made this subject a study, however, there is no doubt of the *immense superiority of raw over cooked extracts* of beef as a means of nourishment. Prof. Lebert, of Vevey, Switzerland, an authority on all matters pertaining to minute chemical analysis of the properties of food producing substances, thus discourses in a recent treatise on foods best adapted to the wants of the human constitution, from which we quote:

"Among the substances most necessary for the preservation of life, the *albuminous* hold the foremost place; and the different kinds, fibrin, albumen, casein, are capable of taking the place of each other." *The animal kingdom contains these substances in much greater abundance than the vegetable* kingdom, but we can derive them from both. Moreover, the herbivorous animals concentrate for us the albuminous substances of vegetables, and, indeed, present us with these nutrient matters."

There can then be no doubt that the general consensus of intelligent professional opinion points directly to some preparation of beef or its juices as a means of sustaining life and rehabilitating the system, when suffering from wasting diseases or impoverishment of the blood. This, being conceded, it is only necessary to say that *Bush's Fluid Food or Bovinine*, a raw food extract, has been shown by absolute comparative analysis to contain much larger proportions of the elements essential to the production of new and vitalized blood than any Food hitherto introduced to the medical profession.

It has proved itself a powerful agent in preparing the system to undergo surgical operations. It gives that sustaining power so needed by women during gestation and child birth and the following period of lactation. It has served excellently well as an ally in cases of stubborn constipation. Its sustaining power is invaluable during the climacteric period when the system is so greatly disturbed by its effort for adjustment to a new condition. Anything that lessens the great mortality among infants, especially in cities, is certainly a boon to humanity, and *Bovinine has been found to answer that* purpose most satisfactorily. It is especially serviceable in cholera infantum. It can be retained by the weakest stomach, and a few drops added to each portion of food will revive the little patient in an incredibly short space of time. *For consumption*, that scourge of our country, which brings mourning into almost every household, we know of nothing that can take the place of Bovinine. It relieves the peculiar faintness in the epigastric region so frequently attending that disease. It supplies that crying demand for nourishment, which, when not properly regarded, results in wasting away and finally in death itself.

Bovinine serves equally well in neuralgic conditions, and enables the patient at length to master chronic and resisting forms of that distressing malady, by supplying the exhausted and starving nerve centers with the nutrient forces they are powerless to obtain from the ordinary forms of food. Persons addicted to the intemperate use of opium or alcoholic stimulants find Bovinine a substitute that satisfies that artificial longing for excitement which so painfully asserts itself. It soothes the irritated stomach, while at the same time it supplies a proper nourishment that results in repaired health. It is a trite adage that one swallow does not make a summer. Perhaps even two or three swallows would do little in the way of proof; but if we saw these birds coming in flocks we should feel sure that summer was not far behind them. When by cases without number, we prove the virtue of so efficient an aid as Bovinine, we feel that restoration to health will follow in its train, and we are pleased to acknowledge its merits and offer thanks to those who have benefited mankind by its invention.

Dr. E. T. Bruen, Dr. J. Colis-Cohen, of Philadelphia, and many others, are recommending Bovinine (Bush's Fluid Food) as a nutrient in connection with the Bergeon treatment for consumption.

THEY SAY

That it was a success!

That Kinyon comes next.

That "wind" was at a discount.

That the hotel was pretty "full."

That the street-car ride was rich.

That Campbell is a gilt-edged brick.

That scrofulosis is also tuberculosis.

That it was also a temperance gathering.

That the address was clever and original.

That several members held night sessions.

That lightning never strikes a beech-tree.

That there was lots of harmony, but no music.

That fermentation is *not* a chemical process.

That Philadelphia has a dozen women dentists.

That Minnesota has a new medical practice act.

That the wearing of hats does not cause baldness.

That the Warden is the right man in the right place.

That canned pineapples are the doctor's best friends.

That in daytime we worked, and at night we ——.

That in fat persons anæsthetics are especially dangerous.

That a man in Georgia, 92 years old, died of the measles.

That the French homœopathists were well represented.

That iodoform is the best local application for soft chancre.

That the best prescription a young doctor can take is a wife.

That allopaths would have been out of place in that crowd.

That the Era was made the official organ of the Association.

That the President added to his already enviable reputation.

That there were 202 pairs of twins born in Chicago last year.

That urea originates from the decomposition of blood-corpuscles.

That sewer-gas in the house often means dead rats in the wall.

That diseases of the vagina are now treated by the va-ginacologist.

That the American Medical Association will meet in Chicago in June.

That a massage doctor was heard to sing—"I knead thee every hour."

That chloroform produces marked depression of the vaso-motor function.

That suppurating inguinal bubo should be treated with iodoform locally.

That there are sixteen hundred homœopathic physicians in New York State.

That the ether-spray treatment for strangulated hernia is often successful.

That sanitary science is engaging an increasing share of attention each year.

That man is ninety per cent water, and yet the prohibitionists are not satisfied.

That scarlet fever destroys more human beings than any other epidemic disease.

That an American girl has been admitted as an interne in one of the Paris hospitals.

That a Mohammedan woman in Damascus was a grandmother at the age of twenty-one.

That an Austrian giant is on exhibition in London who is eight feet nine inches in height.

That the out-of-town doctors prepared their papers, and the city doctors "talked." It isn't fair.

That "Kaskine," the so-called "new quinine," is the third decimal trituration of quinine.

That all elephants have fore paws, but all Forepaughs don't have elephants. Williams, *fils*, did this.

That we have twice as many doctors to the population as they have in England. Raise the standard!

That more than half the students at Harvard Medical school last year had a literary or scientific degree.

That Foster is the first man to have defined the true relations between "scientific" and "traditional" medicine.

That S——th, of Winona, was there, and he wasn't there for nothing. What would we have done without him?

That all the stale jokes about "getting out of prison," "visiting old friends," and the like, were cracked again, and sounded just as fresh as new-laid eggs.

That reports are already coming in to the effect that the gaseous treatment of phthisis per rectum is not new. Smart Alecks are making the discovery that it was used and abandoned in 1792.

That it would have been better had the resolution read in this way:

Resolved, That the Secretary be authorized to engage the services of a stenographer to assist him in making a record of the proceedings.

This would have simplified matters, and it amounts to the same thing.

That a doctor in Pennsylvania treated a woman according to Pratt's method of orificial surgery. The next day the woman passed by the mouth a large worm, which was heard to mutter, as it crawled from her œsophagus—"Well, if they're going to begin that work, I'll get out."

That two human skeletons, in sitting posture, have been found imbedded in solid rock in Arizona. It is supposed that they were a couple of prehistoric Internationalists who sat down to relate their wonderful cures to each other, and became so much interested that they didn't notice that it was growing late.

THE MEDICAL ERA.

CHICAGO, JULY, 1887.

JAMES E. GROSS, M. D., } *Editors.*
CH. GATCHELL, M.D., }

"*WILL THE MEDICAL ERA PLEASE EXPLAIN?*"

We find the following in the *N. Y. Medical Times*:

In the *Medical Era* for April I notice the following editorial query: "Would it not be discouraging to our English colleagues if at this time the enemies of homœopathy in England should be able to announce to the people that in America, as *a system of medicine*, homœopathy was no longer known?" And a little further on: "To abandon our cause at this critical moment would be unwise and impolitic. * * * There need be no coalition between the two schools unless we prescribe the conditions. Those conditions should involve the just recognition, in name and in fact, of homœopathy as *a system of medicine*." (Italics mine.) In the same number of the same journal, under the heading "Miscellany," I read, "Hahnemann and his pupils pretended that homœopathy was the *whole* of therapeutics. This is a complete misconception of the case — homœopathy is but a *part* of therapeutics; this is a truth which has cost us many execrations from men in our own ranks, but is now held to be indisputable. The fact is, homœopathy cannot take the place of *palliative* medication; nor of *surgical* medication; nor of *antidotal* medication in cases of poisoning; nor of *parasiticide* medication, wherever clearly demanded; nor of medication by *mineral waters*, which often cures where other modes of treatment fail; nor of *hydrotherapeutic* medication; nor of medication by *electricity;* nor even altogether of *empirical* medication. Homœopathy is not everything, and liberal medicine must include all collateral modes of treatment." This paragraph is credited to "Jousset," but, being unaccompanied by note or comment, must be taken as expressing the opinion of your Chicago contemporary. In this opinion, doubtless, you thoroughly concur — in fact, it constitutes the logical basis of the position which you occupy — but then, if homœopathy is only a *part* of therapeutics, how, I should like to know, can it be justly recognized as a *system?* My dictionary defines a system as "anything formed of parts placed together" — consequently, a system of medicine (if Jousset and the *Medical Era* be correct) must include at least eight component and indispensable parts *besides* homœopathy! Now is it not manifestly absurd and unjust to baptize the whole of such a vast and varied edifice by the name of one of its fragmentary portions, especially when we know not how many more additions it may be destined to receive? "Homœopathy is not everything" — then why should the name be insisted on, as if it covered everything? Hahnemann labored under "a complete misconception" with regard to his theories — why then are we called upon to bow down before his sole authority, as if he were a sort of medical Messiah? Will the *Era* please explain? E. D. N.

Why, certainly! With pleasure!

And in so doing we would refer E. D. N. — who, for short, we shall call Dr. N. — to two editorials in the MEDICAL ERA. One of these he has already seen. It is on page 99 of the April ERA, just over the leaf from the one which set him thinking. It is the one from which he drew his inspiration, from which he took his cue when writing his letter to the *Times*. We are glad that the lesson which we intended to convey — that journals should be consistent in all their parts — has not been lost.

The other editorial to which we would refer Dr. N. he will find in the next succeeding number (May) of the MEDICAL ERA, pp. 130–131, more particularly that part which is on page 131. This he seems to have read to less purpose; otherwise he would never have asked the question which he has.

But, since it seems to be necessary, we will reiterate.

Dr. N's letter, while very plausible to the unthinking, contains an element of sophistry which destroys his entire argument. *He assumes — for the sake of his argument — that homœopathy constitutes but one-ninth part of the practice of a homœopathic physician!*

He totally ignores the fact that it really comprises *eight-ninths*, while all the "fragments" of which he speaks are represented by the remaining fraction.

Dr. N. assumes that the practice of a homœopathic physician consists of nine different parts — palliation, surgery, antidotes, parasiticides, mineral waters, hydrotherapy, electricity, empiricism, and homœopathy. But he commits the fatal error of placing all of these on a par — of attaching no more importance to one than to another. There is nothing whatever in his letter, from first to last, to indicate that he assigns to homœopathy any higher place, or any wider sphere, than he does to any single one of the other methods enumerated — parasiticides, mineral waters, or what-not. Every homœopathic physician in the land knows how false such an assumption is. And Dr. N. knows it as well!

He may reply that Dr. Jousset makes a similar statement. But if so, he mistakes. Dr. Jousset does no such thing! He does say that "homœopathy is but a part of therapeutics," but he does not say — nor does he leave us to infer — that it is but the *one-ninth* part. After stating that homœopathy is not the whole, but a part of therapeutics, he goes on to enumerate certain other methods which are sometimes demanded in a physician's practice, and says that homœopathy "cannot take the place of" these. But he does not say, nor does he indicate, that, *therefore*, homœopathy is but the *one-ninth* part of a practice including all these things, and Dr. N. will mislead no one in his effort to torture Jousset's language into any such meaning.

Now is it not manifestly *absurd* and *unjust* to *baptize* the whole of such a *vast* and *varied edifice** by the name of one of its fragmentary portions? —*E. D. N.*

Again is Dr. N. dealing in sophistry. He knows, and Jousset knows, and we know, and everyone knows, that homœopathy is *not* a "fragmentary portion" of a homœopathic physican's practice! It should not be necessary for us to remind him of this; he knows it as well as we know it.

The "vast" portion is homœopathy; the "varied" portion is mineral water, *et cetera*. In the West we do not "baptize" "edifices," but we do call a building of brick a brick building, even though it may have a few stone trimmings. It would be "unjust" to do otherwise, and perfectly "absurd" to leave it with no name at all!

* Our italics.

We have had dictionaries thrown at our head before now. And we will add that it is a perfectly legitimate sport. We wish, at the present moment, to indulge in the pastime ourselves. We invite Dr. N. to read his dictionary again, and to read the definition *clear through*, without stopping at the first line, or selecting a disjointed group of words. We have done so, and, as a consequence, we are still more firm in the conviction that Homœopathy *is* a System of Medicine, even though the physician may make an occasional outside excursion in order to kill a worm, antidote a poison, or give a vapor bath!

There are in this world *systems of philosophy* and *systems of government*, and yet the one does not comprise all there is of philosophy, nor the other all there is of government. So there have been, and there are, various systems of medicine, but it is our belief that the homœopathic *system of medicine* is the most benignant, the widest in its application, and the most scientific in its character that the world has ever known. If Dr. N. does not think so, that is his privilege; but it is not his privilege to limit others by sophistical argument and abridged definitions.

Some men have been immortalized by their genius, some by their folly, some by their research and knowledge, and some by their audacious plagiarisms. — *From Orme's Address.*

PRESIDENT ORME'S ADDRESS.

Of this eloquent address, delivered one week ago at Saratoga, little need be said; it speaks for itself. It gives a clear exposition of the *status* of our school at the present time. Its most significant words are these: "Homœopathists have no thought of relinquishing their distinctive title under present conditions." Dr. Orme has given expression to the sentiments of our school on this subject. Let all those who have become ashamed of the name read the address twice over, and acknowledge past error. Let them read, especially, the series of resolutions, and answer if the charge contained in the 4th, is not a "positive calumny"; that contained in the 5th, a "flimsy pretext"; and that in the 6th, as true as the gospel!

Then there is another able and interesting presidential address — that of Albert Claypool, M. D., of the Homœopathic Medical Society of Ohio — which touches upon this subject. Dr. Claypool says:

We are not yet ready to surrender the heritage that Hahnemann conferred upon us. It is not our friends, but our enemies, that are freely advising and suggesting that we drop the word "Homœopath" from our vocabulary. If we follow their advice, what do we get in return? It offers Tradition and Fashion in therapeutics; uncertainty for certainty. To every conscientious practitioner of our *system of medicine**, the word "Homœopathy" means a positive science in therapeutics. It means that when, under this law, the action of a drug is once established, it remains the same during all time.

It is true, as the *Medical Record* has said, referring to the No Name champion — "In consequence of its course it is receiving severe criticisms from many of its quondam brethren, while it gets a very unappreciative hearing from the regular school."

* Italicized by the editor of THE MEDICAL ERA.

MEETING OF THE AMERICAN MEDICAL ASSOCIATION IN CHICAGO.

The solons of the old school have come and gone. The ghost that will not down, appeared on the scene. But this time it was the secular press that called up the apparition. *The Chicago Times* greeted the gathered doctors, on their opening morning, with an editorial containing such passages as these:

It is to be confessed that the locality of Chicago is unfavorable for harmonious medical action. The regular, or self-styled orthodox medical men of this region are beyond doubt the most bigoted and intolerant in the Nation. Such a thing as liberality in the treatment of members of the heterodox orders is substantially unknown. In fact, the so-called regulars, in this region, are as proscriptive and as inclined to persecution as ever was the inquisition in its worst phases. . . . . To the average layman this fight of the regulars, as they choose to term themselves, against the homœopathic and other practitioners is an absurd one, as well as one which is growing to be gradually useless. . . . . Private opinion is sustaining homœopathy; the state laws give it the same status, so far as official place is concerned, as that possessed by the self-styled regulars; and its membership is hourly increasing in numbers and influence. . . . . The rule of consultation among physicians should be based not on creeds, but personal qualities. The question should be, not, is he a homœopathic practitioner, but, is he a gentleman and a man of education? . . . . . If the matter shall come before the American Association, it will do well to comprehend that in the proscription of other physicians the regulars are fighting a much larger host than that made up of homœopathic and other medical practitioners; they are fighting the sympathies of the laity and the spirit of the age, both of which are invincible antagonists.

At the next morning's session of the convention a Nashville doctor introduced a series of resolutions from which we make the following choice extracts:

Resolved, That we regard *The Times* as sadly out of joint in publishing this diatribe in its editorial columns. That we protest against the medical men of this region being called the most bigoted and intolerant in the Nation; [referring to homœopathists it speaks of them as] a special sect who claim a special designation. And we make the assertion that all progress in medicine and surgery to this day is due solely and alone to those who claim no special designation other than being members of the regular profession.

These resolutions are remarkable for just two things: a piece of inconsistency which may, in common parlance, be likened to a pot calling a kettle black; and, a deliberate mis-statement of fact. While speaking sarcastically of homœopathic physicians as "*a special sect who claim a special designation,*" they go on to speak of the members of the dominant school as "*those who claim no designation other than being members of the* REGULAR (!) *profession.*"

To say that "all progress in medicine is due solely and alone to" these so-called "regulars," is false! The greatest progress in medicine for the last hundred years is due almost entirely to homœopathy — to the labors of Hahnemann and his followers.

It must be added that the convention showed its good sense by very promptly voting down the resolutions. They were before it only long enough to give the members their annual opportunity to glorify themselves, and to cast a slur upon homœopathy. But, as *The Times* has said, "they are fighting the sympathies of the laity and the spirit of the age."

The next morning *The Times* treated the convention to the following bit of information:

At the Chester (Illinois) penitentiary, where medical practice is of the allopathic kind, the percentage of time lost by sickness is four times as great as it is at the Joliet penitentiary, where the prisoners are doctored on the homœopathic principle.

The Times, by way of comment, added:

We give this as a fact, just as we would state any other fact.

THE PROGRESS OF HOMŒOPATHY during the past year has not only been satisfactory, but cheering. It will scarcely be necessary, however, to refer to this in detail. The twenty-six journals of our school that visit your tables, laden with the best that the literature of the profession affords, have acquainted you with this.— *From Orme's Address.*

AMERICAN INSTITUTE OF HOMŒOPATHY.

PRESIDENT'S ADDRESS.

DELIVERED AT SARATOGA SPRINGS, JUNE 27, 1887.

BY F. H. ORME, M. D.,
ATLANTA, GA.

Members of the American Institute of Homœopathy:

Our Earth has borne us once again around our Sun, and once again our Institute has come to this delightful rendezvous — where all things worked so well one year ago.

I should be worse than graceless were I to allow one moment to pass on this occasion without referring to your generous action with regard to myself at your last meeting. Prostrated by an illness that deprived me of the pleasure I had so fondly anticipated, of taking my Institute friends by the hand, I was reflecting upon my deprivation when the surprising intelligence was flashed to me by your direction, that you had elected me to the most exalted position, in my view, in the medical world. And now it is a supreme gratification to me to be able to stand before you, to meet you face to face, and to tell you, with earnest soul, that the honor you have done me, and the kindness you have shown to me, shall never, never be forgotten.

. . . . . .

In connection with a review of the progress of homœopathy, and in order to show the various changes of ground which its opponents have been forced, from time to time, to make, it may not be uninteresting to take a brief retrospect, so that we may compare the past with the present:

THE ERA OF THE CHARGE OF "FALLACY."

In the early days of homœopathy it was looked at askance. It was new, therefore it was suspicious. It opposed existing theories and practice, therefore it was a fallacy. Being such, although not investigated, it was not to be tolerated. Those who adopted it were simply to be tabooed. Its practitioners, however thoroughly accomplished as physicians and as gentlemen, were now to be excluded from professional recognition and denied the courtesies and assistance of those who had been their professional brethren. Feeling became amazingly bitter. Epithets

were used with regard to those who accepted the new "heresy" that were neither professional nor polite, that we can afford to forgive, and that need not be repeated here. But it must not be forgotten that it was this unseemly and unprofessional ostracism on the part of the majority that *forced* the minority, for their own protection and improvement, to form associations of their own, and thus become known as a sect. Let the responsibility for this division in the profession, if evil it be, rest where it properly belongs.

But time and experience brought more sober reflection, and some of the wiser heads concluded, upon being reminded of the fact by other wiser heads, not only in the profession, but among the laity, that the exclusion of brethren on account of fallacy, real or supposed, was itself a demonstrated error — that attempts of this kind had been made from the most ancient times, not only in medicine, but in religion as well, and that disaster had generally attended such blunders. It was recalled that we have no infallible and authorized censors in these matters, and that the assumption of such right, in a liberal age. was insufferable. Examples were shown to be not infrequent of the fact that those who assumed to be in possession of all knowledge were lamentably ignorant, and it was made manifest that what was, at one time, declared to be heretical and monstrous, was, at another time, accepted as demonstrated truth. Besides, it had to be admitted that people even have a right to adopt and entertain fallacies until these can be overcome by argument and enlightenment — not by coercion.

So this cry of "fallacy" ceased — but not the prejudice. Some other pretext must be devised for holding off the erring brethren. Then came

THE ERA OF THE CRY OF "EXCLUSIVISM."

It was asserted with regard to those who accepted the doctrine of *similia similibus curantur* — whatever else they might know or believe — that they "practiced upon an exclusive dogma, to the rejection of the aids actually furnished by experience, and by the sciences of anatomy, physiology, chemistry, etc.," and on this account were unworthy of professional fellowship. A vain attempt again! As our colleges and our journals increased in number and in strength, it was found to be impossible to maintain this position — for was it not daily and constantly proved that all the branches of medicine and surgery that were ever taught in any colleges or journals, were as thoroughly taught and as fully insisted upon in these? Was not the charge simply a slander?

So, with a position thus untenable, the era of the cry of "exclusivism" was not of long duration. The leaders of the prejudiced opposition must make another shift, however, and show some other reason for refusing to extend that courtesy and to render that assistance which common sense and humanity sometimes demanded — and then was coined the charge, if possible, more futile still, that homeopathists were

"TRADING UPON A NAME,"

and therefore must be denied the benefits of affiliation! Not being experts as controversialists, it did not at first occur to them that there was involved in this imputation the important admission that this "name" had grown so potent that numbers sought its shade and its advantage — that it had not died, and was not "dying out!"

The era of an aspersion so illogical, so puerile, as well as so devoid of truth — so slanderous and so dishonorable to its utterers, could, of course, not be of long continuance, and so we have passed on to the era — even the present era — of the charge, the dreadful, heinous charge of

"SECTARIANISM!"

Those who have, under one pretext or another, and after one misrepresentation or another, held that homœopathists should not be regarded as regular physicians, and fit persons with whom to consult, finding that the dispised heretics would not die in accordance with their prophecies, and could not be obliterated by being ostracised and maligned — but that they rather grew in strength, popularity and importance, notwithstanding all this unprofessional opposition — and that loss was suffered by refusing consultation with them — resolved upon another change of attitude: In order to make a show of reason for a still hostile position and at the same time invite a surrender by the erring party, it was at last, and is now declared, that opposition is not made to us upon the former scores, but that our offense is that we are a *sect*, and have a *sectarian name* — averring that we may practice what we please if we will only give up our odious distinctive title.

Let us, then, since we are fairly confronted with this last ground of complaint, consider to what degree of attention it is really entitled:

Is it really so sinful to be a sectarian — especially when the formation of the sect was a necessity, as has been shown, from the improper action of the complaining majority? Is there not, somehow, a sect called "regulars" or "allopathists," as well as one called homœopathists? And might not "regular" be considered a good name to trade upon? Have not sects existed, and to the advantage and progress of civilization, since the earliest times of which we have any history? Does it not seem as though we owe nearly all the advancement that has been made in religion, science, art, politics and medicine, to the work that has been done by sects or schools? Where should we be but for them and their enthusiastic labors? We read in Josephus that "the sect called Christians is not extinct unto this day," and the term sectarian has, long since, ceased to be really a term of reproach — has lost all its terrors in the view of liberal minds.

The fundamental law of our land, the Constitution of the United States, properly secures the right of its people to assemble together in bodies, as sectarians, if they choose — for it is one of the natural, inalienable rights of those who hold peculiar views, especially when persecuted, to unite themselves together for their common objects and their common good. Sectarianism, of which all history is full, should rather be encouraged than suppressed — the people being benefited, if parties suffer, and it is a marked evidence of weakness in the opposition that the best point they can make against us is the pitiful one that we bear a special name — when we have a reason for it that is so good.

Let us then be a sect, if we must, and continue to advance the cause of medical science as we have done; but let us not be factious, as have been some of our prejudiced opponents. Let us be a liberal sect, working in our own sphere, holding the even tenor of our way, while we treat with respect, and wish God-speed to all other sects who think they can do better work by laboring honestly upon other lines — and let us use no undignified or unbecoming epithets.

Who can estimate the loss to medical science, especially in the departments of *materia medica* and therapeutics, if the work of homœopathists, as a sect, could be stricken from the record? We may be a sect, striving in our own way for the advancement of the profession that we love so well — but we need not be a faction, obstructing others, defaming others, bringing reproach upon us all, and retarding general progress. We should be liberal, as our Institute is liberal — tolerating a variety of views upon various subjects.

We surely may, as a body, lay just claim to being liberal. While united upon *similia*, we embrace some who are regarded by others as entertaining vagaries of woeful tendencies. We include the "high" and the "low," the dynamizationist and the strict materialist; those who think we should adhere to the ideas and teachings of a "master" of half a century ago, and those who think we should keep abreast of the tenets and teachings of more modern times, using the measures of any and every school when available; and I do not know but we may even tolerate a few who are disposed to think that we might now afford to yield to the seductive wooing of the other side, and dispense with our characteristic title!

Yes, homœopathists of all phases of thought are welcome under the canopy of our Institute. The homœopathist who cannot find himself in congenial companionship here, must be a victim of some misapprehension, have some fancied grievance, or be of so fault-finding a nature as to have no just claim upon our attention.

While we are a sect, in a proper sense, and from the necessity of the case, we are *not* a sect in an evil sense, or from a desire to be separate from the general profession of which we are a part — any more than is the allopathic branch, which can be called regular only as a distinguishing designation, and not on account of any essential regularity in its method of practice.

That it is reprehensible to be a member of a sect, *per se*, is a preposterous proposition.

Nothwithstanding all the affectation of holy horror upon the subject, it is *not* a sin, it is *not* a crime, it is *not* a vice, to be one of a sect united in an honorable cause.

Specialization is in accordance with the laws of development and of progress, and a liberal profession should not unreasonably oppose the formation or existence of as many sects or schools as can be found to do good work, but all of these should be regarded as parts of one brotherhood — all alike laboring for the common benefit of humanity.

The profession being divided into schools, and the distinctions being known, however imperfectly, it is only fair and honorable that each member should allow the community to know with which branch of the profession he is aligned, that persons may select or avoid, as they choose.

But the era of the charge of sectarianism, a charge that in itself is weak, and accomplishes no purpose, must soon pass — indeed, is passing — and we now see the dawn of

THE ERA OF TOLERATION,

when we may look for more of common sense, more of courtesy, and more of consistency. It is coming to be realized that, while there may, and probably from the nature of things, must be sects, there can still be common respect and co-operation. We can see the foreshadowing of a better day in the tone of some of the leading men of the old school, who, with more wisdom than some of their *confreres*, recognize the true situation. That liberal, and sensible, and even kind words are used toward us by representatives of a school which was wont to treat us only with contumely, it is a harbinger of a better time coming.

And now, what response are we to make to the overtures of the liberal and progressive members of the old school — that large, growing and respectable portion who adhere to the ethics of the "new code?" A very simple one:

Your new code is our old code — the code of the Golden Rule — the code of common sense and of humanity — the code we have held to and have been controlled by, all the while. Our Institute defines the term *regular physician* "a graduate of a regularly chartered medical college. The term also applies to one practicing the healing art in accordance with the laws of the country in which he resides." Any one thus belonging to the profession is in duty bound to respond to calls for assistance from any medical brother, or from patients who may wish his counsel in connection with another physician — and he has not a right to decline on the pretext that he is of a different school. The medical profession has long been divided into schools — probably always will be — the laws of the land recognize it as one thus divided; but it should not be divided in purpose, nor should its members fail to answer, with alacrity, calls to co-operate in the interest of suffering fellow-beings. Whatever our differences may be, or whatever alignments we may choose to make, let us all remember the object of our art, and let us all, eschewing bickerings, so act as to uphold the dignity and honor of our profession, and thus command the respect of the world at large.

Homœopathists, then, having no thought of relinquishing their distinctive title, under present conditions,

WHAT IS THE TRUE BASIS OF HARMONY?

First, the Golden Rule; second, the acceptance, by the profession at large, of the definition adopted by the American Institute of Homœopathy, of the term, "regular physician;" third, the recognition and co-operation of members of different schools, under the above conditions. These three articles constitute the basis, and the only sound basis, for the future harmonization of the medical profession.

The duty of making suggestions is one which I shall allow to rest but lightly upon me. There are, however, several recommendations which seem called for, and which it would show a remissness to omit:

All along through the controversy concerning homœopathy, charges which are entirely in conflict with the truth have been made against those represented by this national body. These have been repeated from the chairs of medical professors, through medical journals, by the general press, and from mouth to ear among the laity. Our journals have not so general a circulation, and our personal denials and disproofs of these unjust aspersions cannot reach so far — so that, with many, the misrepresentations of the enemy have passed unchallenged, and with some it is not even known that the false statements referred to have met with the repeated and emphatic refutations which they have received. In view of these and other facts, I recommend the adoption by the Institute of a declaration or resolutions in effect as follows:

Resolved, 1st, That the American Institute of Homœopathy adheres, as it has always done, to its *object*, as declared by its founders in the first article of its Constitution, namely: "The improvement of homœopathic therapeutics, and *all other* departments of medical science," and that it is proud of its achievements up to this time.

2d, That the imputations cast upon the character and intelligence of the early homœopathists (who were converts from the old school practice), by many of the profession, were the result of ignorance and prejudice, were unprofessional and unworthy of the members of a scientific and liberal profession.

3d, That the charge made at a later date by the American Medical Association that members of the Homœopathic school "practiced upon an exclusive dogma, to the rejection of the aids furnished by experience, and by the sciences of anatomy, chemistry, physiology, etc.," is absolutely devoid of foundation in fact.

4th, That the still later charge by some of the profession (the above having been demonstrated to be untenable), that homœopathists "trade upon a name," is not only a slurring attempt to check a winning cause, but is a positive calumny.

5th, That the most recent and present position of a portion of the medical profession, that homœopathists are blameworthy for consorting under a denominational name, thus constituting "a sect," is a flimsy pretext, and an insufficient excuse for refusing to extend to them the usual courtesies of the profession.

6th, That the responsibility for the division of the profession into schools, as far as homœopathists are concerned, rests upon those who by an illiberal and unprofessional course — refusing to examine into the doctrines of the new school, and aspersing and ostracising its followers — rendered the closer association of these latter a necessity.

7th, That there is no demerit in belonging to a sect, provided it be engaged in a good cause, and its methods be tempered with liberality; and that it will be expedient for homœopathists to continue to be a sect until their work shall have been accomplished, in securing a proper consideration of the doctrine of *similia similibus curantur*.

8th, That inasmuch as the position of the homœopathic school has been largely misrepresented, all fair-minded editors of medical and other journals are requested to give space in their pages for these resolutions.

. . . . . .

OUR INSTITUTE.

And now, in closing, a word with regard to our grand old organization — the oldest national medical association in our country — the largest homœopathic society in the world. May we not justly feel proud as we take a retrospect of its history, or as we view its present condition and prospects? Are our hearts not stirred as we think of the noble men who founded it when courage was required for the undertaking.

And while we thus pardonably, as we believe, exult (in our own house) in our past history and our encouraging condition, let us resolve upon still better things. Let us gather regularly at these meetings, bringing our own contributions, and being benefited by those of others; let us cultivate fraternal feelings; and let us continue doing good work for the cause of medicine and of humanity.

UTERINE CARCINOMA.

By JOHN W. STREETER, M. D.

CHICAGO.

(Read before the Illinois Homœopathic Medical Association.)

IN calling the attention of this Society to the subject of Uterine Carcinoma, it is not with the expectation of presenting new or original matter, but simply with the desire of calling attention to two points of especial interest to both physician and patient. These points are — (*a*) its local nature; and (*b*) its curability by early operation.

When uninterfered with, uterine carcinoma is absolutely fatal. Two or three years of painful and loathsome existence is the limit which nature sets — it is very rare for uterine cancer, of any variety, to permit a longer lease of life. Early recognition and prompt attention will always prolong and make comfortable the life which it cannot always save; and it will often effect a complete cure. In ninety-five per cent of all cases of uterine cancer the disease *begins* in the *cervix*. As the neck of the womb is the seat of the early invasion in so large a proportion of cases, it would be correct to say that uterine cancer is really cervical cancer, and cervical cancer alone, for an appreciable time. It is during this period that we claim curability for it.

It is not necessary to enter upon the mooted question of the origin of cancer. Whether from epithelial cells or from connective-tissue cells, it matters not. The microscope has taught us that at a given point there is a wonderful proliferation and crowding together of imperfect or atypical cells which resemble epithelial cells. These cells are, without definite order, crowded and packed into irregular alveolar spaces in a connective-tissue stroma. This development of imperfect cells which have the property of multiplying themselves without limit, at the expense of the tissue cells with which they come in contact, and wherever they may find lodgment, is cancer. It has laws of growth and migration. It usurps the place of healthy tissue and rapidly destroys the organ attacked. It reaches out for new tissue to destroy in two ways. *First*, by growth in continuity of tissue — invading the body of the womb, the vagina, the vesico-vaginal septum, etc. *Second*, by the migration of cells through lymph-spaces and lympathics to the nearest glands, and finally, through the blood current, to distant organs. Wherever a cell finds lodgment it at once commences its pernicious growth. The con-

nective-tissue of the organ affected furnishes the stroma, and there seems to be no limit to the cell-multiplication.

When migration of cancer cells has taken place the case becomes a beautiful and instructive study to the pathologist, but it has lost its interest for the physician — it is hopeless! In the earliest stage all varieties of cervical cancer are local affections, and can be successfully treated. At a later date they contaminate the system, they become multiple, they do irreparable damage, and they are fatal.

Of the four chief varieties of malignant disease which attack the cervix, two are *absolutely local*, and two are originally so. Of the purely local ones — the flat cancroid and the epithelioma — I shall first speak. The flat cancroid, or corroding ulcer, commences as a small node in the deep layer of the mucous membrane lining the cervical canal. It attacks, by preference, membranes covered by cylindrical epithelium, and it therefore shows a tendency to spread upwards, in the direction of and into the uterine cavity. Shortly after the formation of this node there is destruction of the tissue overlying it, and a small ulcer is formed. This ulcer has the power and disposition to burrow and corrode in all directions, but especially into the deeper tissues of the cervix and into the body of the womb. Considerable excavation has often been caused by this ulcer before it is detected. It may spread in all directions where there is continuity of tissue, but its cells do not migrate. It gives rise to local symptoms similar to those which attend true cancer.

The other local disease is the papillary form of epithelioma, which has received the name of cauliflower growth. Commencing on the external surface of one cervical lip as a sessile vascular wart, or as an erosion, with remarkable development of the papillæ of the mucous membrane, it grows rapidly downward and soon attains a considerable volume. As it descends into the vagina it also spreads, but more slowly, at its base, until both lips may be involved. It is usually limited to the pavement epithelium of the cervix uteri and vagina. This growth is always friable, bleeds easily, and is in a state of disintegration from the first. Like the flat cancroid, it spreads only by continuity of tissue — its cells do not migrate.

Of true cancer there are two varieties — scirrhus and medullary, or hard and soft. This distinction is one of degree only, and not of kind. In the hard cancer the fine connective-tissue stroma predominates, and, as a result, both growth and destruction are slow. In medullary cancer the cellular tissue is more abundant and it grows rapidly and breaks down quickly. But no matter what form of malignant disease may be found, we are still firm in the opinion that it is, *in its inception*, a local affection, and that, as such, it is amenable to treatment.

This state of isolation, however, does not long continue. Deeper and deeper each day these imperfect cells dig and burrow. In all directions they displace healthy tissue; and from a microscopical nidus a formidable disease may rapidly develop. In this development there is no sharp line of demarcation. The cancer cells invade or infiltrate the surrounding tissues, and each cell continues its baleful multiplication to the total destruction of all healthy cells in its neighborhood. In this way zone after zone is invaded, in a diminishing degree, from the original point of infection, until the cancer gradually fades out into healthy tissues.

The etiology of cancer is unsettled. We know but few things in relation to it. Malignant disease is two and one-half times more frequent in women than in men; — this by reason of the frequency of uterine and mammary cancer. It is a disease of the *robust* rather than of the delicate. It is twice as frequent in the white races as in the colored. *Heredity* does not seem to have much influence — not more than ten per cent can trace the disease to this cause. *Climate* has little or no effect. *Age* has a marked influence. It is rare to meet with the disease before twenty-five; but from this age to fifty-five it steadily increases in frequency. Between the fortieth and fifty-fifth years is the period of greatest frequency. This period covers the "change of life," with its readjustment of the circulation, and physical and mental depression. It is the period during which the accidents of previous child-bearing are apt to cause the most trouble. Prolific women are more prone to cancer than the sterile; though sterile wives and maidens are not exempt. The traumatism of difficult parturition is, so far as we know, the most potent factor in the causation of cervical cancer. The irregular circulation in a hyperplastic or a lacerated cervix must interfere seriously with the nutrition of the part. Defective nutrition gives

defective cell formation; and this may account for the rapidly-growing, short-lived atypical cell to which we give the name of cancer.

The symptoms of uterine carcinoma are — hemorrhage, offensive discharge, and pain. Add to these rapid exhaustion, loss of muscular power, anorexia, sleeplessness, emaciation, a pallid and wrinkled face, tawny skin, pale conjunctivæ and sunken eyes, with an agonized expression, and you have a picture which the meanest tyro in the diagnostic art should not fail to recognize. But, unfortunately for the patient, when these symptoms are present and the disease is easy of detection, *it is too late;* the disease has become constitutional, and there is no longer help or hope.

It is a fact, beyond question, that early cervical cancer gives *no symptoms* which are characteristic, or which are certain to lead either the patient or the physician to suspect it. Like a thief in the night, it accomplishes its hideous work unsuspected. When the awakening comes it is, alas! too late, and the woman realizes the terrible fact that, while she slept, she was robbed of her inheritance of life. It behooves us then, as careful physicians, to be on the alert for this dreadful enemy, and to be able to detect its earliest approach. Let us glance for a moment at the three symptoms which are looked upon as pathognomonic of uterine cancer.

First, *hemorrhage.* This is not an early symptom. It may be one of the first to which attention is drawn, but it does not occur until the wall of some vessel has been corroded, or until the capillaries have become so engorged and disturbed as to be no longer capable of maintaining their integrity. Hemorrhage, therefore, is not a symptom to be depended upon for an early diagnosis.

Second, *offensive discharge.* This does not occur until, by the processes of ulceration and fatty degeneration, the tissues begin to break down. It is, therefore, an unsafe guide.

Third, *pain.* So long as the disease is confined to the cervix, there is little or no pain. It is only after it has attacked other tissues that pain becomes a prominent symptom; and by the advent of this sign, the golden opportunity has passed.

It is not worth your time to listen to a description of the diagnosis of cancer which has excavated the cervix, fixed the womb immovably, enlarged the retro-peritoneal and inguinal glands, attacked distant organs and stamped its cachexia upon the form and face of its victim. But it is of the greatest importance to know how to recognize the disease while there is still reasonable hope of a complete cure.

There are several abnormal conditions of the uterine cervix against which differential diagnosis must be made.

(*a*) Alveolar hyperplasia (of Thomas) — a hypertrophy of connective tissue and a development of "retention cysts." This condition is usually found in *both* lips; — early cancer is found in *one.* It is somewhat uniform in outline and density, and its only nodes are "retention cysts" which have approached the surface; — early cancer is uneven, irregularly denser, and is nodulated. The surface of a hyperplastic cervix is apt to be sprinkled with cysts whose pearly, shining walls may be punctured, allowing the escape of the tenacious honey-colored fluid which is characteristic; — early cancer shows no such cysts. A hyperplastic cervix responds slowly but surely to gentler treatment; — cancer progresses in spite of such treatment.

(*b*) Laceration of the cervix with eversion of the lips and ectropion of the mucus membrane may be mistaken for malignant disease. But, if the everted margins are caught with tenacula and drawn towards each other, much of the deformity will disappear and the cervix will look longer and more shapely. No such change can be effected when cancer is present.

(*c*) Small interstitial fibroids of the cervix may simulate cancer, and it is often difficult to decide between the two. To the educated finger the fibroid feels a little firmer, a little more defined, and the mucous membrane glides over its surface a little more freely. If the diagnosis is too difficult, it is wise to err on the safe side by treating the tumor as though it were malignant.

(*d*) Erosions of the cervix, which do not respond to well directed local and constitutional treatment, should be looked upon with suspicion, and their surfaces should be carefully watched for evidences of one of the cancroids.

(*e*) Syphilitic ulceration may be mistaken for cancer, or the reverse of this may occur. In the former case constitutional treatment

gives prompt results — in the latter the disease progresses.

In all diseases of the uterine cervix where there is either *increase* in size, or *loss* of tissue, and where rational treatment is not followed by sufficiently prompt results, a grave prognosis should be given.

Between the ages of forty and fifty-five all women who have uterine disease of any kind should be carefully watched by one who is on the alert for malignant disease, and who is able to detect its early symptoms.

In cases where there is serious doubt as to the nature of the disease, with knife and tenaculum, a wedge-shaped piece should be excised for microscopic examination. This piece should be excised in such a way that its base will correspond with the margin of the external os; and the base should be at least a line in breadth. A suture must join the cut edges, and the tissues will unite by first intention, if they are healthy. If they are the seat of cancerous infiltration the suture will cut out, and there will be no union. The microscope is the only safe test in doubtful cases, and it should be resorted to early and often. I cannot say too much in regard to the importance of the *earliest possible* recognition of malignant disease of the cervix, for upon this, and this alone, depends your ability to be of real service to your patients. When cervical cancer has become *easy of recognition*, it is almost conclusive evidence that it cannot be cured. A late diagnosis limits your usefulness to such expedients as are likely to make the suffering woman's short span of life a little more tolerable. Local cancer can be cured — constitutional cancer, never.

Prognosis. — Always grave; and, unless seen at a very early stage, a fatal termination must be predicted — to the friends!

Duration. — From one to three years.

Modes of death. — In order of frequency: —Exhaustion, uremia, peritonitis, pneumonia, pleuritis and hemorrhage.

Treatment should be surgical and medical for radical cure; or, palliative for the relief of symptoms.

Just here let me enter my protest against the operation of hysterectomy for the cure of cancer which *begins* in the cervix. For the small percentage of cases in which the disease commences in the body of the womb, it is the only operation which promises good results. In these cases, if the disease can be detected sufficiently early, and if the patient can survive the mutilation, the operation ought to be followed by complete cure. But, in the vast majority of cases, by the time that the disease, which commenced in the cervix, has reached the body of the womb, or even the supra-vaginal portion of the cervix, migration of cells has taken place, and the patient will die of secondary cancer before she has long recovered from the severe operation. It seems to me that we can fix a point in the progress of this disease beyond which the hope of complete cure is *nil;* and this point is where more than one-half of the vaginal portion of the cervix is *appreciably* infiltrated. There are always zones of infiltration beyond these which can be felt, and it is from these that danger arises.

For the treatment of the flat cancroid, which is excavating the cervix, we have quite efficient remedies in the curette and the Chloride of zinc.

The patient is to be placed in the lithotomy position. An anæsthetic may be used if necessary, but often, for this operation, a full dose of morphine, hypodermically, is all that is required. The healthiest lip is seized with a vulsellum forceps and the organ is drawn towards the vulva; a Jackson retractor will hold the posterior vaginal wall out of the way, and the womb is brought within easy reach. A sharp curette is now to be freely used upon the diseased tissue until all distinctly cancerous structure has been cut away. The curette should be used above the os internum in such a way as to considerably enlarge that opening, and if the disease has invaded the lining membrane of the womb, that also must be thoroughly scraped.

In cases where the disease is confined to the cervical canal, the result of this curetting is to leave an excavation which is somewhat funnel-shaped, the apex of which is a point a little above the os internum. The bleeding, which is quite profuse at first, has nearly ceased by the time the curette has done its work. A little time should now be spent in checking the oozing — by alum-cotton plugs or by hot water — and the excavation is then to be dried as carefully as possible. The next step is the use of the Chloride of zinc in escharotic strength.

This plan was first proposed by Sims, and perfected by Van DeWarker. A solution of ℥vj to ℥j of water is made. Into this so-

lution we dip a pledget of absorbent-cotton, rolled into a rather firm mass, in size varying from a pea to a hazel-nut. The surplus fluid is to be pressed out of this pledget, and it is thus to be carried, by an ordinary dressing-forceps, to the upper angle of the excavation, pressed firmly against the tissues and left there. Pledget after pledget is to be used in this way until the whole cavity is filled, with as much care as a dentist would use in plugging a tooth. When this has been thoroughly done a small covering of dry cotton is to be placed upon it, and then the upper part of the vagina is to be tamponed by masses of cotton saturated with a strong solution of Bicarbonate of soda. This tampon should be left in place for several days, and only be removed as it becomes loose. The plug of the Zinc chloride is not to be disturbed until the eighth or ninth day, when it can be easily removed. Upon this plug, or following it, will be a slough, having the general outline of the excavation, of a thickness varying from a quarter to half an inch. The escharotic has supplemented the curette, and has carried the work into less infiltrated zones. The surface from which this slough is cast off is smooth, healthy, and covered with granulations. It heals rapidly. If this operation is done early and thoroughly, the life of the cancroid is extinguished.

For the other cancroid — cauliflower growth — early amputation of the cervix is the only rational treatment. This may be done by knife, scissors, ecraseur, or, best of all, the galvano-cautery. Whatever the manner of operating, the work must be done thoroughly, and one will never go amiss if, after amputating the lower segment of the cervix, he will excavate the rest of the canal and pack it.

For true cancer which is *confined to the cervix* — amputate the neck, excavate the canal, and pack.

For cancer which has invaded the body of the womb there is no real cure; but all of the symptoms may be controlled, for a time, and the life of the patient prolonged by removing the neck, excavating the canal and the body, and packing. It will probably be necessary to repeat the curetting and the packing at intervals of from six to eighteen months in these cases. The womb may be sloughed away by repeated applications of the escharotic until there is little left but its peritoneal coat; but each operation gives comfort and respite to the patient. In the vast majority of cases which we see the disease has progressed so far that palliative treatment is all that we can give; but this is a priceless boon to the sufferer.

The free use of the scissors, the curette and the Zinc will control hemorrhage, offensive discharge and pain to a very great extent, and death will come with fewer terrors.

The remedies most to be trusted in uterine cancer, to keep the disease in check and to relieve the distressing symptoms, are Arsenicum and Red Clover.

In those cases which die from uremia the last scenes are not distressing — a heaviness and lethargy gradually steal upon the woman, preventing the sense of pain. But in many cases pain is a terrible symptom — so terrible that only the most powerful narcotics can give even temporary relief. It is certainly the duty of the humane physician to use all possible means to alleviate this anguish, and by heroic doses procure for the sufferer that euthanasia which opium alone can give.

There is no longer an opprobrium to the name Homœopath, except as it strikes the tympanum of its natural enemies.—*From Claypool's Address.*

INFECTIOUS MASTITIS WITH ABSCESS.

By E. M. HALE, M. D.
CHICAGO.

(Read before the Illinois Homœopathic Medical Association.)

Case. Sometime during the month of January, 1887, I attended a lady in confinement (third child) whose previous lying-in experience had been very painful. With her first child she had a very large abscess of one breast, which obliged her to nurse her child with the other. In her second confinement she had two abscesses in the same breast. In both cases the first symptom was abraded and cracked nipples, and the abscesses did not appear until the third week. I did not attend her in either of her two previous confinements. In this, her third confinement, she begged me to do something, if possible, to prevent the abscesses. I had advised her to use cool water mixed with distilled extract of Hamamelis several weeks before her lying-in. About this time there appeared in the *Medical Record*, (N. Y.) a digest of a paper by Dr. Bumm, of Germany, on suppurative inflammation of the mammary glands,

in which he divides suppurative mastitis into two groups: (1) Simple parenchymatous mastitis, due to retention and accumulation of the newly-formed secretion of milk, and differs only in degree from that physiological fulness and tension which is felt in the breasts on the second and third day after parturition. The mammæ, he says, being poorly supplied with intrinsic contractile elements, and wholly lacking the influence of extrinsic muscles, are less favorably arranged than the other glands of the body for the discharge of their secretions. They are dependent upon the aid of sucking or the aid of the breast-pump. If this aid be deficient, the retention which follows may cause local and general disturbances which are, especially in women of irritable, nervous organization, of some moment. The temperature may reach 102° to 104° F. The breast is full, hard and painful; red streaks extending in the direction of the axilla may indicate inflammation of the lymphatics. But the tendency, after massage and suction, is to dispersion and resolution, and only exceptionally is there necessity for evacuation by incision through the skin. Even then the discharge is not pus, but milk in process of inspissation and disintegration of the globules and with rare exceptions, free from bacteria. (2) In phlegmonous or infective mastitis we have a very different and much more troublesome affection. The line of demarcation between the two conditions is sharply defined. In fact, Dr. Bumm says, they have nothing in common except the same anatomical seat. He thinks this serious malady may become grafted on to the milder one. This infectious mastitis occurs more than twice as frequently in primiparæ, as in multiparæ, and rarely in women who are not nursing. It begins, in by far the greater number of cases, in the course of the first month after labor; *lesions of the nipple usually precede it*, and finally a part only of the breast is commonly implicated at first, and that part is usually the undermost, or the under and outer part. Errors in diet, colds, worry, mechanical irritation, singly or together, are quite incapable of causing this form of inflammation. It is due, asserts Dr. Bumm, *to the presence of specific, pyogenic microbes.* These cocci are found, he says, sometimes arranged in clusters, sometimes in chains, and are to be distinguished from other microbes of similar forms, by the peculiar appearance of their pus culture and by their active growth. While the energy with which they take up and retain aniline dyes renders their study in the tissues comparatively easy. The distribution of these organisms is so wide and abundant that their contact with the nipples is almost unavoidable. Any want of the most thorough cleanliness, any abrasion, maceration, or loss of epithelium opens the way for the infection of the deeper structures of the breasts. And it is here that the long recognized relation between lesions of the nipples and phlegmon of the breast finds its explanation. The disproportionate frequency of the latter affection in primiparæ, is also made clear when we consider their greater obvious liability to nipple-lesions. The invasion may be subcutaneous, and by way of the lymph vessels, deeply into the interstitial connective tissue of the gland, or, much more commonly, it is by way of the milk ducts directly into the parenchyma. Infection once set up, milk retention, by widening the ways of access to the deeper parts, favors the extension of the pyogenic inflammation.

This is the gist of Dr. Bumm's valuable paper, and throws a great deal of light on this subject. It teaches us that in order to prevent infectious abscesses of the breast, we must use every means known to prevent the access of these specific microbes to the nipples, be they ever so slightly abraded, or the seat of any lesion.

Now, in the case above, selected as an illustration, I determined to prevent the usual mastitis. To this end I ordered the nurse, from the first, to wash off the nipples after each application of the child with a ten per cent solution of Boracic acid, then to apply a salve composed of Boracic acid, Calendula, Balsam Peru and pure Vaseline, which I have used several years in all superficial lesions of the skin. This was not to be entirely removed when the child nursed, because it has toxic properties, and no unpleasant taste or smell. The nipples were to be constantly covered by a film of borated cotton. On the third day, some usual engorgement of the breasts, with considerable tension, and a little lymphatic redness occurred. The temperature was 103° F. But gentle massage with Phytolacca cerate, and the internal use of Belladonna and Phytolacca, caused the removal of this condition in twenty-four hours. After this matters went on very favorably for about three weeks, when from some lack of attention, I suppose, one of the nipples became a little abraded, and a suspicious hardness of small dimensions

appeared on the lower part of the once damaged breast. I immediately renewed all the original precautions, not allowing the exposure of the nipples one minute without being protected by the salve, which was thickly applied. The result was that the swelling soon disappeared. These precautions were kept up several months, until the nipples were quite hardened, and no threatenings have yet been heard of. I have since had several similar cases, in all of which I am sure abscesses have been prevented by persistent protection by anti-microbic applications to the nipples.

In two cases where the Boracic acid lotion and salve did not appear to agree with the nipples, I resorted to a 5 per cent wash of Resorcine, and a 20 per cent Cerate, with the best results. I am not sure but the latter will prove the most efficient agent.

Now the question arises, can we do anything to prevent abscesses after the microbes have entered into the interior of the breast, and begun to propagate there? Dr. Bumm implies in his paper that nothing but surgical treatment can be adopted. It is possible that anti-microbic solutions could be injected into the swelling, but it has not been tried. Dr. Fordyce Barker and several eminent teachers have asserted that the free administration of Quinine will prevent mastitis from sore nipples. I think I have seen good results from doses of 2 grains every two hours in such cases. Quinine in very small proportions is powerfully destructive of microbes, but we have no proof that it is found in the milk, when freely given to nursing women, but it is said to enter the blood. I am of the opinion that by applying Boracic acid or Resorcine freely to the nipples, enough may be carried into the blood of the breasts, or into the milk ducts, to destroy the microbes, unless they have already caused extensive pyogenic inflammation.

I may be allowed to mention another benefit to be gained by adopting the above treatment of the nipples. I have never observed a case of aphthæ or thrush in a nursing child when the nipples were kept disinfected by Boracic acid or Resorcine, and in some cases of thrush I have used these remedies to the healthy nipple with the effect of curing the diseased mucous membrane of the child's mouth.

A child who has rapidly lost its plumpness, and whose cheeks are pale, and soft and flabby, has had, and still has, diarrhœa.

ON DIPHTHERIA AND ITS TREATMENT.

By J. P. HUNTING, M. D.,
VILLA RIDGE, ILLINOIS.

(Read before the Illinois Homœopathic Medical Association.)

I PROPOSE to give only the results of my personal experience with diphtheria, and my personal views; and to be brief.

The disease is constitutional even more than localized. It is as specific, and depends on as specific a cause, as do variola or measles. It is as really contagious, but not so likely to infect all exposed persons, not even of the young; and more likely to travel through the air a great distance; and, perhaps from want of care and lack of proper disinfecting, is too sadly liable to remain in the house or household stuff for years, and then to break out in full strength.

In epidemics it is common to see cases of only faucial irritation, or this and general sense of weakness of muscle and perhaps of nerve, without the full development of the disease.

The local deposit of membrane occurs in about this order of frequency: in the fauces, posterior nares, mouth and nose, larynx and trachea, denuded regions of skin on the lower limbs, pudenda of ill-conditioned little girls, any injured regions of mucous membranes or skin, stomach, inner ear, injured muscles, joints, etc. The kidneys suffer as often if not as severely as in scarlatina. Sometimes the nerve-life fails suddenly.

A notable peculiarity of the disease is that instead of leaving the system protected against future invasion, the old sufferers are its chosen victims in returning epidemics.

As to treatment, I have never relied on metastatic measures, nor liked harsh local applications. Hygienically we must scrupulously avoid fatigue and exposure to cold, and must nourish most faithfully, especially in the sinking and putrid forms. (Alcoholic stimulation is here a delusion.)

The drugs which I use, in order of importance, are chiefly Arsenic, Bryonia, Belladonna, Iodine and Mercurial Iodides, Pulsatilla, Ipecac, Baptisia, Hydrastia, Sulphur, Hamamelis, China, Nux vomica and Sanguinaria. I seldom use others.

My observation includes, besides the ordinary cases, putrid, sinking cases — cases tending to croupiness from the onset, having a week's incubation, with chest pains, weak-

ness, dry or ringing cough, and at length marked fever-heat and croup — cases of nerve-prostration without much putridity — cases of relapse and croup from bad old-school treatment — cases of ruined throats and chronic liability to relapse following neglected or ill-managed acute attacks — and finally irregular cases, as in injured or weak parts.

As hints to the choice of medicines we notice that Arsenic is demanded in putrid, sinking cases, all croupy cases, weak state of mucous membranes with low grade of deposit, heart-failure, nerve-failure and stupor, kidney troubles, and, indeed, all serious cases. Also as a prophylactic and to cure the local irritations before the whole system succumbs to the virus.

For twenty-seven years my system has been so susceptible to the disease that five minutes' exposure in a badly infected room not only inflames the fauces but weakens muscle and nerve and irritates the kidneys. One to three doses of the ss/ov and ss/ov of a grain of Arsenic, either in solution or trituration, is all that is necessary in my case. Indeed, for a few years past I do not dread the exposure.

I prefer Arsenic 3c to 6c as more speedily and fully curative in developed cases than the cruder substance.

Bryonia is needed generally, but especially in cases slowly incubating for croupiness, with influenza-like pains and weakness (where Bryonia 6c or higher is of itself curative), in cases with the Bryonia pulse, and in all croupy cases. The crude drug and the lowest attenuations act favorably, but not as favorably and lastingly as the sixth and higher.

Belladonna is needed for œdema of the fauces, certain disturbances of nerve-function and of blood-circulation, eustachian tube and ear-troubles, pelvic sufferings, frequent forms of the fever, and especially to restore debilitated throats and prevent frequent relapses.

Pulsatilla, I have seldom used except in the ear troubles of the little ones.

Iodine and the Mercurial Iodides, since the first few years, I have not depended upon except for throat-œdema, especially in those who have been abused with Mercury.

In fine, Arsenic corresponds to nearly all the disturbances of function or lesions of organs occasioned by the virus of diphtheria. Bryonia covers the more common remaining ones. Belladonna cannot well be dispensed with, but it must not be used in the lowest preparations. With a good knowledge of these three drugs and a fair use of the materia medica in general, one should, according to my experience, be master of all cases, except where particular organs are irrecoverably injured or the life-power in general has utterly failed before the physician arrives.

Let me add that he who in an epidemic of diphtheria will give to every patient with general weakness, and with discomfort of the throat, or with discolored palate and that kind of secretion that makes strings or veils on closing and opening the fauces, *Arsenic*, and, as indicated, Bryonia or Belladonna will have less than his share of developed cases of the disease, and will receive the gratitude of many who are wise enough to perceive the suffering and danger they have escaped.

THAT the dominant school has failed to obtain the desired control of medical legislation in many of the states, is another indication of the strength of our influence. — *From Orme's Address.*

PRACTICAL HINTS ON GASEOUS ENEMATA.

BY G. F. WASHBURNE, M. D.
CHICAGO.

SOME suggestions may be of service to any one desiring to make experiments with this comparatively new treatment. To those already initiated no attempt is made to convey new information. To the beginner a little attention to details may avert many accidents and give quicker and better results. The accidents referred to are chiefly those connected with the laboratory; the results, unfortunately, have much to do with the patients.

The apparatus essentially consists of two bottles, a gas-bag and connecting tubes. One bottle is for generating carbonic acid gas, the other for holding mineral water largely charged with sulphur. Through this sulphur-water the carbonic acid gas passes, eliminating sulphuretted hydrogen. There are many apparatuses upon the market now, of almost equal merit. It matters but little which kind is used so long as it be air tight.

In generating, use bicarbonate of soda. One teaspoonful mixed with sulphuric acid will make enough gas for one administration — and a little to spare. It is customary to dilute the acid — one in four — but in doing this, unless great care is taken, the bottle

will be broken. The acid is heavier than water and sinks rapidly to the bottom. If the two are mixed hastily the heat evolved is intense. A better plan is to cover the soda with an ounce or two of water in the bottle before generating; then trickle commercial acid, full strength, through the stop-cock slowly and cautiously. As soon as the bubbling mass reaches half way up the bottle, turn the stop-cock and wait for the effervescence to subside before admitting more acid.

The gas should first be allowed to pass freely from the bottle before the tube is connected with the bag. In this way no air can possibly enter. When the connection is made be sure to leave the stop-cock open, for a slight obstruction to the tube causes the gas to back up; or, rather, the gas already accumulated in tube and bottle seeks an outlet, and if the stop-cock is closed a cork will be blown off, and the work of expelling the air must be done over again. The bag should be squeezed and rolled immediately before fresh gas is made. A fresh supply is essential to each treatment. An exception may be made when two or more administrations are to be given within a short interval. If the gas remains too long in the bag, air will gradually find its way through the rubber. A two-gallon bag is preferable to a larger one, as it holds enough for two or three treatments, and has less surface exposed to the air.

To administer, enough hot water is put into an ordinary dishpan to surround and heat the mineral water contained in the bottle. The hotter the water the better, so long as it does not break the bottle. There is but little danger of this if the water is a few degrees below boiling. The object is to give the gas a temperature non-irritating to the bowel. When practicable defecation should precede each injection. More gas can be taken and better tolerated when the lower bowel is empty. Before inserting the rectal tube, press fifteen or twenty times on the bulb to expel the air from the bottle and tubes. The same end of tube grasped between thumb and forefinger just after last compression, will occlude the re-entrance of air. Hold the tube in the manner indicated till after insertion.

The number of pressures and the time given at each sitting varies considerably, and is only determined by the patient's feelings. When pain or excessive fullness is complained of it is time to cease operations, unless only a very small amount of gas has been taken; even then it would be well to wait a few minutes before making further compressions.

A second signal of distress or of discomfort ought to be final.

Patience is required in all cases to give the gas slowly enough; if given too fast the bowel becomes suddenly distended, the gas escapes, pain ensues and but little absorption takes place.

The bulb should not be forced when there is much resistance, for this usually indicates fullness of the bowel, and time must be allowed for the gas to be absorbed before more is injected. This resistance may, however, be due to an obstruction of the rectal tube, either from accumulated feces or from the rectal wall itself. By withdrawing the tube a half-inch or so the gas will enter unobstructed.

The severity of the case will be the guide as to the number of daily treatments required. Twice at first is none too often in severe cases. Morning and evening, three hours after eating, will give better results than when the hours for administering come nearer together. This allows time for complete absorption of one dose before another is given.

In regard to mineral water, preference is given, in this city to the Ypsilanti. It is bottled especially for this purpose. The Mt. Clemens is used and recommended by physicians in Philadelphia. It contains more salts and less sulphur than the Ypsilanti. It also costs more, when freightage to Chicago is included. The bottles, as soon as delivered, should be inverted to keep out the air. A good way is to order a case sent direct to the patient's house. When possible the whole apparatus should be purchased by the patient. As soon as treatment is discontinued the apparatus can be turned over to another at a slight reduction in price. If the instrument holds out this can be repeated several times, entailing but a small expense to any one.

These suggestions are few and simple, but they may be of value to one who takes up the treatment for the first time, and who naturally wishes to have all the practical minutiæ clear to his mind before entering upon the experiment.

In a subsequent article a series of cases, and the results of treatment, will be reported.

AFTER-TREATMENT OF RECTAL OPERATIONS.

BY E. H. PRATT, M. D.,
CHICAGO.

THE after-treatment in rectal troubles has necessitated the invention of two new instruments, and at the request of THE MEDICAL ERA and many friends I will briefly explain their use.

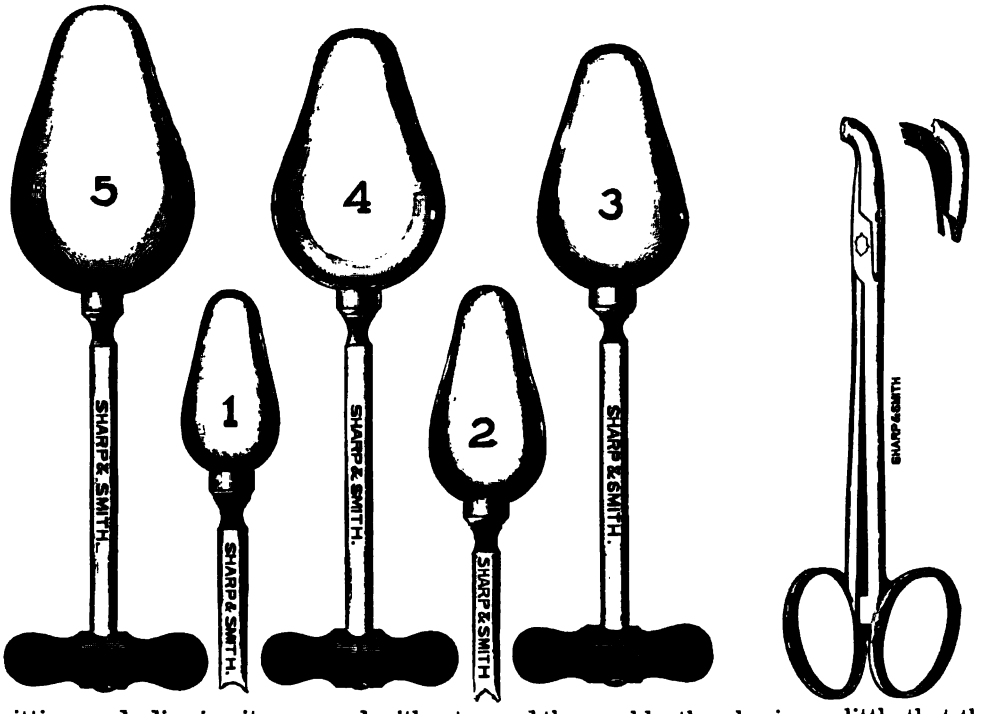
The first invention is a set of graded rectal dilators, five in number and varying in diameter from ½ an inch to 2 inches. I regard them as almost indispensable for fine rectal work. If anyone thinks he can operate on a case at one sitting and dismiss it as cured without subsequent attention, he is doomed to repeated disappointments. Occasional experiences of this happy nature will occur, but they are exceedingly rare.

After all forms of operations upon the rectum, particularly those involving extensive destruction of mucous membrane, no matter how thoroughly the sphincters may be stretched at the time, they are sure to regain their tone before the soreness disappears, and again contract to such a degree as to bring on a temporary return of old reflex troubles, or, possibly, of new ones. Dilatation at this time is essential to success, and since the bowel is still sensitive, fingers and thumbs and speculums cause such discomfort as to be decidedly objectionable, besides bruising the parts into a soreness that may take much time to remove.

It is the same objection which I have previously raised against all valvular uterine dilators, and which induced me to add the larger sizes of female sounds to the smaller numbers in use.

To escape this dilemma I have invented these round, polished graded pearshaped rectal dilators.

I am glad to chronicle their success. They give so little pain, they dilate so evenly and thoroughly, they bruise so little that they relieve soreness instead of causing it.



In badly constipated cases where the operation has not immediately relieved the condition — if the three smaller sizes be entrusted to the patient, by passing them at bed time — twice a week, the proper dilatation will not only be secured permanently, but the regularity of the bowels easily established.

In such cases they should be completely inserted, allowed to remain a short time, and then withdrawn during an expulsive effort.

The two larger sizes are useful in arresting hemorrhage after operations.

The manner of using them is to dip the size selected in vaseline and introduce it carefully and slowly during an expulsive effort.

The second invention is an improved artery-forceps, suggested to me by Dr. C. Manville Pratt, of Towanda, Pa.

The cut will sufficiently explain their advantages. Straight forceps are so awkward in rectal work, and the grasp of the ordinary one is so poor on the slippery surface of the bowel that I am grateful to Dr. Pratt for his suggestion. This modification leaves little to be desired in the way of rectal artery-forceps.

FORTY years ago we had no colleges or other institutions. Now we have thirteen flourishing colleges, with many hundreds of matriculates and graduates annually. — *From Orme's Address.*

VARIATIONS IN TYPES OF DISEASE.

BY G. W. BOWEN, M. D.

FORT WAYNE, IND.

(Read at 21st Annual Session of the Indiana Institute of Homœopathy, Indianapolis, May 25, 1887.)

IN casting a retrospective glance over the past, much food for reflection can be obtained, and to us as conservators of the public health it will be found to be peculiarly rich in material essential to our future guidance.

The importance of comprehending causes, is of the highest to those who are depended upon to repair the most delicate and complicated piece of mechanism ever devised, denied, as we are, the privilege of suspending its action until the desired improvements have been made; compelled by force of circumstance to make the needed changes while it is in full motion.

Deprived also as physicians all the right to reason like other men after the Baconian system, from cause to effect, they are necessitated to reason inversely, from the effect to the cause. Hence the importance of being conversant with *causes*, and the results that may, or are liable to, ensue therefrom.

That cases may come, to disappear, in time to be succeeded by others of an entirely different nature, is as common as our daily needs. All are doubtless aware that specific causes are liable to produce their peculiar effects, with but slight variations from a type we designate as normal or naturally inherent.

Sequent, or subsequent results, may cause a mixing or blending until the identity of the type may be lost or hidden from view. Psora, syphilis, and scrofula, are weighted down with the charge of the sins of ages, but, like the apple of Adam that is said to endanger our future welfare, many entertain serious doubts of this accursing influence, and are not so ready to ascribe all departure from health to such mythical sources. True, some, and especially the above-named, may be transmitted and inherited, but, like poverty and riches, they rarely go beyond the third generation.

To review the changes of types of disease that have taken place in the last thirty-five years, and to note all the old ones that have ceased to make their presence obnoxious, or to name and specify all the new ones that have come to afflict our race and tax the erudition and patience of the medical fraternity, would be too great a tax upon your patience and my time, so with your leave I will only allude to a few of the most marked, and leave you at your leisure to fill up the hiatus.

Some thirty-five years ago the itch, or scabies, was a common affair, and that form of affliction was a factor of no small importance until within the last ten years, since which it has scarcely been recognized unless in some favored locality or family.

Dysentery, some years ago so common, is now of rare occurence, and is only occasionally seen or noted.

Intermittent fever, or the old style ague, has been lost almost from the annals of our literature. Its departure was made nearly ten years ago, and a reward has been offered by myself and others for a pure unadulterated typical case. With it went the congestive and sinking chills that depended on it mainly for their existence.

Bilious fevers have not been heard of in my section of country for several years, except in some one that was defective in judgment, or had wilfully violated well-known lows of nature.

Diphtheria did not become a common disease until about twenty years ago.

Spinal meningitis or spotted fever made its advent less than twenty years ago, appearing in this state first as an epidemic, at Plymouth, where I went to study it up, as did several physicians from Chicago.

Thirty years ago rheumatism and arthritis were of rare occurrence, and only a few old people were visited by it, now it is felt by at least one-tenth of the populace, young and old, for the last three years. Catarrhs were very rare until after the horses were afflicted by the epizootic, some few years ago. Now a large per cent of cases requiring our attention are either nasal, post-nasal, or bronchial catarrhs.

Heart affections in their various forms are of much more frequent occurrence than they were even as late as five years ago.

Paralysis also is very common, much more so than it was a decade ago.

Cases of pyemia or blood-poison are much more frequently reported, but as they generally result from the foolish use of carbolic acid, they are not entitled to be placed in the category of new diseases.

But to return, and take more careful review of one cause, and note the changes of the type of disease emanating from that one source, and place before you some of its various phases, in which it will be found to largely surpass those springing from the fabled psora.

Were my pen untrammeled by professional restraint, this paper would assume the form of a historical picture, and an effort would be made to have it take rank with DeFoe's plague record.

Malaria (decomposed vegetation) is and has been for half a century a veritable, and an almost incomprehensible demon, insidiously waylaying and attacking all alike, young and old indiscriminately, formerly to make them shiver and shake as with a palsy, or crave water like old Dives in his furnace; or, if it did not invade the system in that form, it came with more violence, to be designated as bilious fever, with its violent headache, raging fever, and almost bone-breaking pains. About the year 1855 these two forms were blended into one, and the type received the name of bilious-intermittent, with aggravation each alternate day. This form was the prevailing style, for only about then it assumed a new phase, designated as typho-malarial fever, which slowly degenerated by fits and freaks into typhoid fever.

Gradually in about five years it had varied until it was in a form designated as malarial fever, or sometimes as gastric malarial. This form held prestige and place for nearly eight years, then to be succeeded by an entirely new form and phase, that of a cutaneous eruption. But if the system was not thus affected by any chance or freak, then the mucous membrane was compelled to pay tribute, not to Cæsar, but to malaria, in the form of a catarrhal secretion, and mainly from the nose. So about that time and for nearly two years a vulgar application could have rested on the public nose. At that period some few died from variola, and some from dead animal matter introduced into the system absurdly, as a preventive.

Many cases of pneumonia and lung fever followed that vaccinating craze, and evidently resulted from it. For over two years the tendency of the types was in this form, and it was quite prone to result in death or a profuse bronchial catarrh. Then came rheumatism, which is yet a present element of discord and of very frequent occurrence, varying as it does from its habit of only laying siege to some old or feeble person, for it visits not only the hale and apparently robust, but even children, in both the inflammatory, and in the form of arthritis. And within the last year a new edition, or addition has appeared, that of paralysis, that has often compelled the departure of those we would have preferred to retain with us.

But without designing to be prejudiced, or appearing as a witness against an old friend, one that has most materially contributed to my revenues, yet duty demands that the charge should be laid to the door of malaria, as the author and cause of all those types of disease even in their various changes and disguises, in which they have appeared as if designed to deceive the unwary, and us, the elect, elected to fight the battles of the public against an unseen enemy and save the human structure from the hands of the undertaker.

That malaria did, and can produce intermittent, bilious, typhoid, gastric, malarial, and rheumatic fever, as well as dysentery, dropsy, diarrhœa, heart disease, and several other minor disturbances, is not only evident to me from observations made in and from practice during the part thirty-five years, but it was fully demonstrated by a series of provings extending through two years, made by myself from malaria that was propagated in my office from various forms of vegetable matter.

Also as a corroboration of the authenticity of the cause, physicians find that generally the same class of remedies will answer for

their removal, it matters not in what form it may be presented. And but few remedies (although we have a multiplicity of them that might seem appropriate) are needed, and those have proved their efficacy in nearly every case and form in which they have apparently relegated themselves.

I have come to the conclusion, that — Arsenicum will in its appropriate form cure all cases of intermittent, malarial, and typho-malarial fevers. That Bryonia and Nux vomica will cure all cases of bilious or gastric fevers. That Bryonia and Rhus tox will cure all forms of typhoid and rheumatic fevers. That Nux vomica and Mercurius can always be depended upon in its dysenteric form.

True, in all these types and forms of invasions we may find it not only prudent, but necessary to use either Aconite or Belladonna, but nothing else will be needed, certainly not Quinine or Morphine in any shape or form.

We cannot forbear mingling our sorrows as we meet together and miss our old and good friends and comrades who have labored long and faithfully with us — but, as in other fields in the battle of life, when our ranks are broken we must close up, even if with saddened hearts, and press on. — *From Orme's Address.*

IDIOPATHIC PERITONITIS.

By W. A. SMITH, M. D.,
WENONA, ILL.

(Read before the Illinois Homœopathic Medical Association.)

IDIOPATHIC peritonitis is not a disease of very frequent occurrence, and is caused by blows, falls and exposure to severe cold, especially standing in cold water too long.

The peritoneum is a closed sac. It partially invests all of the viscera in the abdominal and pelvic cavities, and by remembering this we can very easily understand why an inflammation affecting this part of the "Man wonderful" is serious. The peritoneum, it is claimed, is the least liable to attacks of inflammation of any of the serous membranes.

Symptoms.—Peritonitis is ushered in with a severe chill, or several light ones, followed by pain in particular places, which soon spread over the abdomen. The pulse becomes rapid and strong before the fever or increase of temperature would indicate such rapid action of the heart from the great pain, and suffering. The face has a very anguished expression; the limbs are drawn up. The patient lies on his back dreading to move on account of the severe pain caused by any motion. The breathing is superficial and not aided by the abdominal muscles. The least pressure upon the abdomen is almost unbearable and a great number are so sensitive to the least pressure that they cannot bear the weight of the bed-clothes. The muscles of the abdomen are very firm and this is considered one of the diagnostic symptoms by some authorities. During the paroxysms of the most intense suffering the forehead is covered with perspiration while at other times it is dry and harsh. The appetite is usually diminished and sometimes entirely lost, but there is always great thirst, the patient continually craving something cold to drink. Oftentimes they will want great quantities (Bry.) and at other times only a little. But whether the patient drinks much or little, there is one thing you can be sure about, and that is they will want it frequently. The urine is high-colored, voided frequently and is generally burning. Frequently there will be difficulty in passing it and at those times a constant urging. The abdomen becomes bloated and gives a tympanitic sound on percussion, except when in the progress of the disease the membrane has thrown off considerable serous fluid. Percussion, however, is very unsatisfactory generally, as the patients are so sensitive they will object to any pressing, or percussing of that region. Nausea and vomiting is not always present, but in a majority of the cases will present themselves during the progress of the complaint. The serum thrown off by the peritoneum is most always absorbed when the patient recovers, but in other cases it is not and bands of adhesion form, connecting the peritoneum with some portion of the abdominal viscera. The same condition we find in the pleural cavity, when adhesions are formed after severe attacks of pleuritis. Sometimes the complaint is announced by vomiting and purging, which causes the most excruciating pains. Headache may or may not be present.

From the above it is comparatively easy to make a correct diagnosis. There are a few other diseases from which one will have to differentiate, to-wit: gastritis, enteritis, and neuralgia.

Gastritis is distinguished from peritonitis by the circumscribed location of the pain, the utter impossibility to retain anything on the stomach and the suddenness of the attack. Both have burning pain, but in gastritis we never find the sharp cutting pains like a knife running through the abdomen which we have in peritonitis.

In enteritis the abdomen is bloated, but is not so sensitive to pressure as in inflammation of the peritoneum, and there is scarcely any difficulty in urinating or as much severe pain. The face does not have the anguished expression we find in the disease under discussion.

The differential diagnosis is easy from neuralgia, from the fact that there is very little disturbance of the circulatory system, and the pain is relieved by pressure.

The prognosis is to be guarded in all cases. Even if a patient gets started on the road to health a simple error in diet will be enough to undo all that has been done and your patient dies.

I regret that I have no new remedy to recommend to you as a certain cure for this direful malady, but trust that our talking about old friends may bring some things to mind that has slipped from you in the busy routine of your lives. Under the old method of treatment, such as beginning with purgatives, the patient generally succumbed to science and the disease. A wonderful monument of the grand results of scientific treatment.

In the commencement my choice is generally between Gelsemium and Aconite. I confess to a weakness, if you please, to beginning almost all cases of fevers of any character with the Yellow Jessamine, in half drop doses of the mother tincture every half hour for about 12 hours. If it is going to do any good it will do it in that time. The patient becomes moist and the circulation puts on equilibrium. If not successful, the next will be Aconite, with its dry, hot skin, the full, bounding pulse and the anxiety and restlessness that complete the picture. Baehr says: "When the disease spreads from one portion of the peritoneum to another it is *the* remedy."

Belladonna is suitable at the commencement when the indications are the sudden coming and going of the pains, great sensitiveness of the abdomen to even a light motion or jar, the flushed face and the throbbing headache, aggravated by light or noise. It is the best remedy for the nausea and vomiting that comes on in the last stages.

Bryonia is one of the principal remedies, and especially during the stage of exudation. Its prominent indications are "inability to sit up on account of nausea and faintness, worse from the least motion, and the peculiar thirst, wants to drink great quantities of water."

Veratrum alb. is a very important remedy and but few cases occur where it is not indicated. The cold hands and feet, the pinched features and unbearable colicky pains will bring it to mind.

Cantharis is one of those remedies that always respond promptly when indicated, and seems to act better in the 6x or 12x than in any lower or higher potency. In one case I call to mind it was absolutely inert in the 30th, while in the 6x it always relieved the intense burning pain when urinating, and in a lower attenuation it seemed to add fuel to the flames.

Prof. Dickenson says that the only remedies he has ever used in treating this disease are Aconite, Belladona and Veratrum.

Local applications in this complaint are of great help to the patient, by giving some relief from the agonizing pains from which he suffers. Sometimes hot and in other cases cold applications will act like magic in relieving pain. I have an idea that the complexion of a patient will help to give an indication for the temperature of the local application. Fair complexioned persons do not like or bear very well cold, while those of the opposite enjoy cold baths better than hot, or warm. I have only had a chance to try this in but two cases, but both being brunette, they were both relieved by cold. Turpentine put on flannel and applied for a short time helps in a goodly number of cases. One of the best local applications I have tried is a liniment made as follows: ℞ Olive oil, Spt. Camphor, Chloroform āā ℥i Sassafras oil ℥ss. M. Apply every 3 or 4 hours. The weight of the bed-clothes should be kept off the abdomen by barrel hoops, as recommended by Prof. Gatchell and others. I am satisfied that nothing you can do will be so comforting as this and anything that will relieve the patient is a God-send to the sufferer.

Of course you will not forget the importance of guarding the diet. No solid food should be allowed under any circumstances.

Vegetable soups and gruels made of rice, sago, tapioca, oatmeal can be given carefully; not too often, or the stomach will revolt. An error in diet ever so slight will often be followed by the direst results. Give your patient water, pure fresh water, unadulterated with lemon-juice, gum-arabic, slippery-elm, etc. They want it pure, the same as you, and they need it to allay the intense thirst.

VOMITING OF PREGNANCY.

By A. A. WHIPPLE, M. D.,

QUINCY, ILL.

(Read before the Illinois Homœopathic Medical Association.)

IN looking over the ground I find the literature of this subject, outside of the text-books, very meagre. I do not intend to go deeply into the pathology and etiology of this disease, but hope what is given as a result of my own experience and study will excite your thought, and elicit discussion that will throw light upon what is obscure in pathology, and develop more fully the resources of our materia medica, to relieve these troubles, which are so often a distressing accompaniment of pregnancy.

What is the cause of such vomiting? When it occurs in the latter months of gestation we may very justly attribute it to pressure, the mechanical constraint which the uterus, whose fundus reaches the epigastric region, exercises upon the stomach; but in the early stages it is more difficult to explain, unless we content ourselves by referring it to the numerous sympathies existing between the uterus and the stomach. It is probable that the irritation caused by the changed condition of the uterus, acting upon the vomiting center of the medulla oblongata, by reflex action through the pneumogastric nerve, causes the vomiting. Some authors claim that those obstinate vomitings, which so often bring women to the portals of the tomb, are almost always caused by inflammatory ulcerations of the neck of the womb.

I cannot receive this opinion as correct, at least as relating to a majority of cases, for I have on several occasions examined with the speculum women affected with vomiting and ascertained the cervix to be perfectly healthy.

I have also made local applications to a lacerated and ulcerated cervix every week during nearly the full period of gestation, the patient not suffering the slightest disorder of the stomach.

Some claim that primiparous women are more subject to vomiting than others on account of the uterus yielding less readily in first pregnancies. This would seem theoretically to be a reasonable view, but practically I believe it to be untenable. The most obstinate and incorrigible cases I have ever met with, were in multiparæ.

I refrain however, from taking your time or taxing your patience longer, in arguing for or against these causes. We are all aware, that pregnant women have suffered more or less from time immemorial.

In speaking of the treatment of morning sickness I will not inflict upon you a full description of the manifold measures, methods, medicines, mechanical appliances, and surgical procedures *ad infinitum*, which have been proposed at one time or another for this affliction.

Old school text books abound in such treatment. One eminent gentleman has "derived great benefit from Sub-nitrate of bismuth," while another "has found *Oxalate of cerium*, very efficacious."

One says "alcoholic liquors, given to the extent of intoxication, have met with real success;" another has "succeeded perfectly with narcotics."

One says "venesection from the arm is one of the best measures he is acquainted with;" another less bold or not quite so ancient would "apply leeches to the epigastrium."

One would rub the abdomen with Belladonna; another apply it to the cervix.

One would give Ether *per orem*, another would spray it upon the epigastrium. Cauterization and dilatation of the cervix is advocated by one, deviations are pessaried by another. We are then informed that when vomiting resists all *rational treatment*, we have the third variety, uncontrollable vomiting, and that the patient will die unless appropriate treatment is at once given; of course that consists in inducing premature labor.

The fœtus, it is said "is not worth the miserable state the mother is now in." The above is a fair example of old school treatment, in such cases made and provided; they say: It is "the accumulated experience of a thousand years."

Those among us who have long since left the domes and spires of Babylon behind, and

have witnessed the brilliant successes which, in the new school, follow the exhibition of the appropriate remedy, look back upon *such* treatment with a feeling of sorrow for suffering women, and pity for our benighted brothers.

The diet and regimen of women suffering from morning sickness should be carefully attended to. Such articles of food as best agree should be advised in each individual case; and equal care taken to avoid every source of irritation.

In cases where the nausea is very distressing and persistent I advise the patient to remain in bed.

It is not often, however, that this becomes necessary.

It would be out of place in this short paper, for me to enumerate a long list of remedies and undertake to give you their indications. Neither am I here to laud the specific virtues of any particular drug, as a cure-all. Instead of doing so I would urge upon all a more thorough study of pure materia medica and its careful application in the treatment of this as in all other diseases. There may be occasionally mechanical causes which require mechanical treatment, but they are not numerous. The less we have to do with old school empiricism, the closer we follow in the line marked out by Hahnemann, the better and more successful will be our practice.

I will briefly give the history of one case which gave me more trouble and took a longer time to find the appropriate remedy for, than any I have met with before or since; and yet when the correct remedy was exhibited it was like oil upon the troubled waters.

Mrs. M——, age 30, a large, healthy, good looking woman, in her second pregnancy. During the first she was attended by one of the best old school physicians of our city, but was not relieved during the whole nine months.

About one month after the beginning of her second pregnancy, I was called to see her.

She had been vomiting everything taken into the stomach all the month, and continued to do so for six weeks following, during which time I visited her daily, giving several different remedies with no very marked relief.

Among those given were the following; Nux, Ipec., Puls., Ars., Lob., Apo-Morphia, Oxalate of cerium, Cucurbita pepo semen, and Symphocarpus racemosus.

Once I thought Lobelia was going to be the one looked for, as there was a relief following its administration, but it was of short duration.

I examined carefully for mechanical causes but could discover none. The lady when in health would weigh two hundred pounds or more, but was now becoming emaciated.

The tongue was broad and thickly coated a dirty yellow; the taste was bitter; substance vomited was bitter, if there was any thing; bowels alternately constipated then loose, stool usually clay colored. Urine scanty and high colored, with frequent desire to void it, but containing no albumen.

There was one characteristic symptom present, which should have guided me in selecting the remedy long before it did. It is easy enough for me to look back now and wonder why I did not see it before. Possibly some of you have had a similar experience before now?

The symptom was this: The saliva, although not profuse, was *viscid, stringing out* and *difficult to detach.*

When vomiting it was always the same, *tough, viscid, stringy mucus.*

Kali bich. was the remedy. I put a few pellets of the 200th in water and gave in teaspoonful doses, a few times during the day.

The nausea and vomiting ceased immediately, food was taken with a relish before the day had passed; health and strength returned as rapidly as good digestion and assimilation could supply the long felt want.

The lady is now very near her confinement and has never suffered one moment with nausea or vomiting since. I am aware that some one may think, if they do not say, something like this: Was it not a spontaneous cure? Are not such cases self-limited?

The criticism as to the evidence of cure would apply to all diseases as well as to this. The best of evidence in the case reported is that the remedy was indicated, and that after its administration the patient was so promptly relieved.

IT is by reviewing our own work, and correcting our own errors that we shall not only make real progress, but that we shall secure the respect of the scientific world. — *From Orme's Address.*

A FRENCH LEGENDARY ACCOUNT OF HAHNEMANN.

By ERNEST LEGOUVE.*

Samuel Hahnemann is one of the great innovators of the nineteenth century. He commenced about 1835 (*sic*) a medical revolution which still continues. I do not criticise the system, I only state the fact.

An accident, for which I cannot be too thankful, brought me into contact with him at the moment when his reputation was in its full glory. I had something to do with it, and an account of the close relations which were established between us will assist in our knowledge of this extraordinary and superior man.

My daughter, aged four years, was dying; our medical man, a physician of the Hotel Dieu, Dr. R——, had told one of our friends in the morning that she was irremediably lost. Her mother and I were watching, perhaps for the last time, beside her cradle; Schoelcher and Goubaux were watching along with us, and in the room there was also a young man in evening dress, whom we had only known three hours previously, one of M. Ingress' most distinguished pupils, Amaury Duval.

We wished to have a souvenir of the dear little creature whose fate we already bewailed, and Amaury, at the earnest entreaty of Schoelcher, who had gone to fetch him in the midst of a ball, consented to come and make this sad portrait. When the dear and charming artist (he was then twenty-nine years old) came, overcome with emotion in the midst of our distress, we had no idea, nor had he, that a few hours later he would do us the greatest service we had ever experienced, and that we should be indebted to him for something much more valuable than the likeness of our child — to wit, her life.

He placed at the foot of the cradle, on a high piece of furniture, a lamp, whose light fell on the child's face. Her eyes were already closed, her body was motionless, her dishevelled hair hung about her forehead, and the pillow on which her head lay was not whiter than her cheeks and her little hand; but infancy has such a charm of its own that the near approach of death seemed only to lend an additional grace to her face.

Amaury spent the night in drawing her, and he had, poor fellow! to wipe his eyes very frequently in order to prevent his tears falling on his paper.

By morning the portrait was finished; under the stimulus of emotion he had produced a masterpiece. When about to leave us, in the midst of our thanks and our sorrow, he all at once said, "As your medical man declares your child's case hopeless, why do you not make a trial of the new medical system which is making such a noise in Paris; why do you not send for Hahnemann?" "He is right," cried Goubaux, "Hahnemann is a near neighbor of mine. He lives in the Rue de Milan opposite my institution. I do not know him, but that does not matter; I will go and bring him to you." He went; he found twenty patients in the waiting-room. The servant informed him he must wait and take his turn. "Wait!" said Goubaux, "My friend's daughter is dying! The doctor must come with me at once!" "But, sir, ——" exclaimed the servant. "I know, I know I am the last. What does that matter? 'The last shall be first,' says the Evangelist." Then, turning to the patients, "Is that not so, ladies? Won't you oblige me by letting me go before you?" And, without waiting for a reply, he walked straight up to the door of the doctor's study, opened it, and burst in in the middle of a consultation. "Doctor," he said, addressing Hahnemann, "I know I am acting contrary to your rules, but you must leave all and come along with me. It's for a charming little girl, four years old, who will die if you do not come. You cannot let her die! That's impossible!" And the irresistible charm of his manner prevailed, as it always does, and one hour afterwards Hahnemann and his wife came with him into our little patient's room.

In the midst of all the troubles that distracted my poor head, racked by pain and want of sleep, I thought I saw one of the queer people of Hoffman's fairy tales enter the room. Short in stature, but stout, and with a firm step, he advanced, wrapped in a fur great-coat, and supported by a thick gold-headed cane. He was about 80 years of age; his head of admirable shape; his hair white and silky, brushed back and carefully curled

*The above account of an episode in Hahnemann's life we take from the London *Homeopathic World*. We cannot forbear the temptation to give it to the readers of The Medical Era. But it would be unfair to do so without accompanying it by the following explanation by the editor of the *World*:—"We publish for the entertainment rather than for the instruction of our readers a translation of an article on Hahnemann which recently appeared in *Le Temps*. We need not add that in the article the Hahnemann described is almost purely mythical."

round his neck; his eyes were dark blue in the centre, with a whitish circle round the pupils; his mouth imperious, the lower lip projecting; his nose aquiline.

When he entered he walked straight up to the cradle, threw a piercing glance at the child, asked for particulars about her disease, never taking his eyes off the patient. Then his cheeks became flushed, the veins of his forehead swelled, and he exclaimed in an angry voice, "Throw out of the window all those drugs and bottles I see there! Carry this cradle out of this room. Change the sheets and pillows, and give her as much water to drink as she likes. They have put a panful of hot coals in her inside! We must first extinguish the fire, and then we will see what can be done."

We hinted that this change of temperature and of linen might be dangerous to her. "What is killing her," he replied impatiently, "is this atmosphere and these drugs. Get her into the drawing-room; I will come again in the evening. And mind you give her water! water! water!"

He came again that evening; he came again the next day, and began to give his medicines, and each time he only said, "Another day gained!" On the tenth day dangerous symptoms suddenly developed themselves. Her knees became cold. He came at eight o'clock in the evening, and remained for a quarter of an hour beside the bed, apparently a prey to great anxiety. At last, after consultation with his wife, who always accompanied him, he gave us a medicine, with the remark, "Give her this, and notice if between this and one o'clock the pulse gets stronger." At eleven o'clock, while feeling her wrist, I fancied I perceived a slight modification of the pulse. I called to my wife; I called to Goubaux and Schoelcher.

And now see us all feeling the pulse one after the other, looking at the watch, counting the beats, not daring to affirm anything, not daring to rejoice, until, at the expiration of a few minutes, we all four embraced one another — the pulse was certainly stronger! About midnight Chrétien Uhran came in. He came towards me, and, in an accent of profound conviction, said, "Dear Legouvé, your daughter is saved!" "She is certainly a little better." I replied, still desponding, "but between that and being cured——" "I tell you she is saved," and, going to the cradle, he kissed the child on her forehead, and took his departure. Eight days after this the patient was convalescent.

* * * * * * *

He was a physician of the first rank, in the enjoyment of one of the richest practices in Germany. One day he sought the advice of one of his colleagues for his youngest child, who was ill. The case was serious; the remedies prescribed were of a violent, painful character — moxas, cupping, bloodletting. All at once, after a night spent in witnessing the sufferings of his child, Hahnemann, overcome by pity and horror, exclaimed, "No, it is impossible! No! God did not create these dear little creatures in order that we should subject them to such tortures! No! I will not be the executioner of my children!"

Then, aided by his long and profound studies of chemistry, he set himself to search for a new method of treatment, and he constructed out of all the knowledge he had accumulated a system of medicine, founded, as it were, on his paternal affection. Such was the man. Such as he was then, such he always remained. The powerful structure of his face, his square jaw, the almost incessant palpitation of his nostrils, the quivering of the corners of his mouth, depressed by age; everything in him expressed conviction, passion, authority.

His language, like his appearance, was original. "Why," I one day asked him, "why do you prescribe, even for those in health, the continual use of water?" "When one is strong or active, of what use are crutches of wine?" At another time I heard him make use of this expression, which sounds so strange if taken in a literal sense, but which is so profound if properly understood, "There are no such things as diseases; there are patients." His religious faith was as genuine as his medical faith. Of this I had two striking instances.

One day, in spring, I called on him and said, "Oh, M. Hahnemann, how fine it is today!" "It is always fine," he replied, with a calm and serious voice. Like Marcus Aurelius, he lived in the midst of genial harmony. When my daughter was cured, I showed him Amaury Duval's delicious drawing. He gazed long and admiringly at this portrait, which represented the little resuscitated girl as she was when he first saw her, when she seemed so near death. He then asked me to give him a pen, and he wrote beneath it:

"Dieu l'a benie et l'a sauvée.

"SAMUEL HAHNEMANN."

NEWS FROM THE COLLEGES.

San Francisco.

HAHNEMANN COLLEGE.

The fourth term of the Hahnemann College of San Francisco began May 3. The student west of the Rockies begins his course of lectures just at the time when those east are in the first delights of vacation.

This change in the old established order of things is due to the peculiar climatic conditions on the Pacific Coast. The summer months instead of necessitating rest and relaxation are cool and exhilarating. They are therefore admirably adapted for close and continuous mental labor as well as for dissection, which is carried on all the year round.

Prof. Worth took as a text for his opening lecture, the utterance, recently made at the California State Allopathic Society, that "Homœopathy is a stupendous delusion," and showed by quotations from their latest works, principally *Potter's Materia Medica*, how much of the "delusion" they are gathering to themselves. For instance, under Bryonia, we find, "valuable in serous inflammations, especially in pleurisy, pleuro-pneumonia, and pero-carditis — pains of a shooting or tearing character which are increased by movement." "Corrosive sublimate gr. $\frac{1}{10}$ every two or three hours, in acute or chronic diarrhœa of adults or children, with slimy, bloody stools, pain and straining — and so on, *ad infinitum!*"

A large number of cases of trachoma have been successfully treated in Prof. Peterson's clinic during the past month by Mercurius nitrate 1–60 topically, and the third potency internally.

Prof. Eckel recommends Kali chloratum as the best and most generally indicated remedy in stomatitis aphthosa, and Borax covers most cases of thrush in infants five or six days old.

The first operation at the new homœopathic hospital was performed by Prof. Ward. It consisted in closing a recto-vaginal fistula of over a year's standing. The operation was performed upon the vaginal surface, and after denuding the mucous surface for one half an inch around the opening, the parts were drawn together by one retentive silver and ten whale tendon and silkworm gut sutures. The bowels were kept open by a laxative several days before and after the operation, which was a perfect success.

Ann Arbor.

UNIVERSITY OF MICHIGAN.

Prof. Obetz says: "If fractured bones are properly adjusted, there should be no pain. The so-called 'knitting pains,' which set in about the fifteenth day, are due to the splints losing their grip, by the shrinking of the limb when the serum is absorbed, allowing malposition, motion and consequently producing irritation of the parts involved." To the question, what would you do therapeutically for the pain, he answered: "There are no therapeutics involved; put on your extension, resplint the limb and you will find that the pain will leave, and there will be no occasion for blanketing with opium."

"In dressing a fracture never put on a *stingy* splint of any kind. Have your movable splint at least four inches wider than the diameter of the limb, thus avoiding all danger of interfering with the circulation in the parts."

"The best method for making cushions for splints is to take cotton wadding and put it on as you would a roller bandage."

"In putting on immovable dressings, be sure to control muscular action by extending the dressing beyond the joints in both directions from the seat of fracture."

Prof. Wood repeats again and again: "Never be induced to give a cathartic for a constipated condition during pregnancy."

He recommends Jaborandi for ptyalism and profuse, unnatural sweating. He made a brilliant cure with this remedy in such a case, using the 2x. He says: "Anyone seeing the effect of Jaborandi when given in physiological doses for the prevention of uremic convulsions would think of its homœopathic use in the above condition."

Prof. Arndt gives the following practical hint: "A drop of Opium virus, either the tincture, first dilution or even a higher dilution, applied directly to a sty, will be followed by very prompt relief."

When speaking about the proper use of "key notes," the professor made the following statement: "To prescribe a remedy on the strength of a single characteristic symptom, without going back and finding out what causes the symptom and employing that remedy which is capable of producing the pathological condition which produces that symptom, is *unscientific* and *irrational*."

Boston.

BOSTON UNIVERSITY SCHOOL OF MEDICINE.

The following case is from Dr. John H. Payne's eye and ear clinic: A woman 77 years of age presented the following condition: Paralysis of the fifth pair of nerves, left side; ptosis of the upper lid; paralysis of the sphincter iris, also the internal rectus muscle, the eye rolling out with dilated pupil. This state of affairs followed the suppression of an eczema by local and internal remedies.

Causticum 30x was prescribed, and on the third day the above symptoms entirely disappeared, but were followed immediately by the eczema, which appeared as a dry, scaly, cracking eruption.

Prof. Clapp considers pneumonia a general rather than a local disease for the following reasons:

(*a.*) Lobar pneumonia is not produced by traumatism or by the inhalation of poisonous gases or powders; these, however, often produce lobular pneumonia.

(*b.*) Cold climates do not produce the disease, for at the poles it is less common than in southern climes.

(*c.*) As with other general diseases it increases with the population.

(*d.*) There is no relation between amount of lung affected and the severity of the symptoms.

(*e.*) Pneumonia opens with a distinct chill. If other lobes become involved no chill marks the event.

(*f.*) There is a day of decided crisis which does not always correspond to the greatest amount of solidification, as indicated by physical signs.

(*g.*) As with other general diseases the fever is of definite duration.

Turning is always preferable to high forceps operation when there is no danger of rupturing the uterus.

When the patient has been long in labor; the head impacted in the brim; liquor amnii drained away; the cervix immovable about the presenting part, version is impracticable because of the danger of rupturing the uterus.

The Vienna obstetric forceps — Brown's modification of Simpson's — is said to be the popular forceps with physicians of Boston and vicinity.

Prof. Talbot thinks Parafine a drug that should receive more attention. The effects of this material on workmen simulate the effect of sulphur; especially it is useful in cases of constipation.

The application of remedies directly to the interior of the larynx and tonsilotomy are common operations in the throat clinic.

For laryngitis Dr. Woodvine often uses a mixture of

Glycerine - - - ℥ i
Iodine - - - - gtts x,

which he applies to the interior of the larynx with a soft brush. Very happy results often follow immediately.

Some Whiffs of Anæsthetics.

Editors Medical Era:

I am glad that Dr. Hunt corrected the mis-statement in regard to the proportions of Alcohol, Chloroform and Ether, in the A. C. E. mixture. I had intended doing so myself; but I procrastinated. The race is not always to the slow. I append some gleanings on anæsthetics and anæsthesia.

Mixtures are diluted Chloroform.

Methylene is simply diluted Chloroform.

Ether was introduced by Morton in 1846.

Chloroform was introduced by Simpson in 1847.

Chloroform was used 40,000 times by Nussbaum with no death.

Chloroform used by Clover 5,000 times: No death. Then two deaths close together.

Chloroform as used in one English hospital — one death in about 500 administrations.

Billroth favors a mixture of three parts Chloroform, one of Ether, and one of Alcohol.

The A. C. E. mixture is equally as safe as Ether, more prompt in its action, and as manageable during administration.

If used at all, the A. C. E. mixture should be freshly prepared, as the Ether may evaporate and leave Chloroform in excess.

The Vienna mixture, two parts Chloroform to six of Ether, was used in 8,000 instances with no fatal result.

Of 133 fatal cases, 8 died immediately upon the addition of a new supply of Chloroform to the sponge; fifty per cent died before the stage of surgical anæsthesia. Of Snow's 50 fatal cases, 9 died within a minute after beginning to inhale.

EDWIN A. GATCHELL, M. D.
Asheville, N. C.

MISCELLANY.

Apis appears to be more frequently curative in erysipelas following wounds, than in the idiopathic variety.

Infantile eczema is practically due to one of four causes; first, insufficient or improper food; second, imperfect assimilation; third, deficient excretion; fourth, external irritation.

Obstinate chlorosis attacks all young girls without exception, in whom the menses have appeared in the twelfth or thirteenth year, and before the development of the breasts and pubes.—*Niemeyer.*

A felon should be opened midway between the artery and tendon. If necessary, it can be opened on both sides. If the sheath of the tendon is opened, the tendon will almost always slough, and the finger will be useless. —*Albany Med. Annals.*

Capsicum.—It is a fact that almost every drug has running through it, like a scarlet thread, a peculiar symptom, which at once characterizes the drug. The characteristic symptom which permeates Capsicum is *burning.* This is also indicative of Arsenicum, but the latter has also a peculiar and marked restlessness, which Capsicum has not.—*C. Carleton Smith.*

Dr. Fordyce Barker, of New York, said in a paper read to the New York State Medical Society on February 6th, 1887: "During the past thirty-seven years I have rarely attended a woman in confinement without the use of chloroform, never where she has suffered considerable pain. Having thus used it in several thousand cases I unhesitatingly assert that not in a single case have I ever found cause to regret its use."—*Medical Register.*

This Institute, in conjunction with the British Homœopathic Society, has commenced, and been for several years engaged in, the good work of securing precision in the matter of provings, under an admirable scheme, approved by both associations; and all work in the line of provings should be in accordance with the instructions laid down by the two bodies which have undertaken the editing and issue of the Cyclopædia of Drug Pathogenesy.—*From Orme's Address.*

It pays in no possible way to persecute or pretend to ignore homœopathy, or to say that it is a system of charlatanry. Even if this were true, it would not pay to say so, and it pays less because it is not true The often repeated assertion that "a physician to be a homœopath must be first either a knave or a fool" has no foundation in fact, and has been worth its millions to the homœopathic profession. The system is old enough now to live on its merits, and free consultations and free intercourse and common medical societies will put homœopathy on its merits, and advance the cause and science of medicine and its much doctored ethics. —*Romaine Curtis, M. D., of Chicago.*

Experiments in Hypnotism.— Hypnotism and Dr. Charcot continue the Parisian sensations of the day. A most interesting *seance* took place yesterday morning in the museum of the Salpêtrière Hospital. Dr. Charcot received a delegation from the Société de Médecine Légale, commissioned with examining the possibility of any one under hypnotic influence making or signing a will. A very curious experiment was made, in which a young girl, under Dr. Charcot's admonition, signed a paper, after having refused to do so for several minutes. She remembered having received the paper from one of the members of the commission. Dr. Brouardel then made her a present of fifty francs. The experiment tends to prove that, if such a thing is improbable, it is not impossible.

This study has become a passion among the medical men, who say it may greatly help legal procedure, inasmuch as by sending criminals to sleep and dragging their secret from them while under hypnotic influence there would be little fear of judges condemning the innocent for the guilty. A theft in the hospital was found out in this way by Dr. Marié, for many years Dr. Charcot's assistant. The subject refused at first to tell where the stolen object was concealed. After a little diplomacy, however, on the part of the young doctor, who told the sleeping girl he was the young man from whom the card-case had been taken, and not to fear telling him where it was, she gave the detailed account of having stolen it, and told where the card-case was to be found. Dr. Marié immediately went to the spot indicated, where, sure enough, the stolen article was found.—*Paris Cor. New York Herald.*

IT IS THE OFFICIAL ORGAN.

In a recent number of a Chicago contemporary appeared an article which — though the editor may not have so intended — was calculated to place THE MEDICAL ERA in a false light. We protest against having our actions misrepresented in any such manner. We wish to live in peace with our neighbors, but if others are first to break the peace, we shall not be slow to respond. By way of explanation it is not necessary to do more than publish the following letter, which we present without comment:

To the Editors of the Medical Era:

In reply to your inquiry I would state that the records show that at its last meeting the Illinois Homœopathic Medical Association took action which resulted in making THE MEDICAL ERA its official organ, and your statement to that effect was authoritative.

CURTIS M. BEEBE, M. D., *Secretary.*

Chicago, June 20th, 1887.

Reply to Dr. C. A. H.

Hasn't the young lady of 23 got neuralgic dysmenorrhœa? I would suggest Tartar emetic and Ustilago madis as remedies, to be continued for two or three months, once or twice daily. During the sickness why not use dry cupping over the seat of the pain, or paint the abdomen with tincture of Iodine? Perhaps the cause of the trouble is a congested or irritable uterus. If so, why that may need some attention.

Nos. 2 and 3. Give the two old ladies each ℥ $\frac{ss}{II.}$ or ℥ $\frac{i}{IV.}$ bottle of 1st decimal of Lilium. tig. Tell them to take 5 drops twice daily as long as it lasts, and then come back for more. That is particularly for the prolapsus. Then give 3x to 6x of Acid chrysophanic, three or four times daily, for a month or so, and I think you will see improvement.

H. H. CHASE.

Geneseo, Ill., June, 1887.

LACTATED FOOD. — Lactated Food is the very thing. It is undoubtedly the best food in the market for children suffering from wasting atrophy. I have tried various preparations in those cases and find Lactated Food "par excellence." If physicians will use more of it, the infant mortality will be largely reduced.

Stephenville, Texas. J. W. RITCHIE, M. D.

PERSONALS.

Dr. W. F. Hobart has opened an office at 402 Center Av.

Dr. C. P. Meredith, of Eminence, Ky., has been visiting Chicago.

Dr. E. B. Holmes has removed from Hot Springs, Ark., to Paola, Kas.

Dr. R. H. Curtis has his new office at 931 Post St., San Francisco.

Dr. T. S. Hoyne has resigned his professorship in Hahnemann Medical College.

Dr. J. M. Crawford, of Cincinnati, is the newly elected president of the Western Institute of Homœopathy. The Institute will meet in Chicago next year.

Dr. Charles R. Clapp (Chi. Hom. Med. '87), is open for the congratulations of his friends. On May 24th he was united in marriage to Miss Myra W. Day, of Peoria. At home, Kewanee, Ill.

Dr. Albert Claypool, of Toledo, President of the Homœopathic Medical Society of Ohio, at the recent meeting in Cleveland, delivered an able address, the sentiments of which met with the hearty endorsement of the Society.

Dr. Deady has returned to New York City and has resumed his connection with the N. Y. Ophthalmic Hospital and College. His office is at No. 11 E. 29th St. We congratulate him most heartily on the recovery of his health.

HAHNEMANN MEDICAL COLLEGE AND HOSPITAL, of Chicago, is to be congratulated on having received a bequest of twenty thousand dollars.

THE League Tract No. 13 is entitled — *From Empiricism to Homœopathy.* It is the oft-told tale — but never told too often — of the conversion of a "regular" (?) to homœopathy.

THE OPEN COURT, now in its tenth number, deserves a place beside the older Reviews. It is a pleasure to have opportunity to commend a journal so worthy. Its contributors are among the ablest men of the world — Prof. F. Max Müller, Moncure D. Conway, Richard A. Proctor, John Burroughs, and many others. It is devoted to the "work of establishing ethics and religion upon a scientific basis." Edited by B. F. Underwood and Sara A. Underwood. Published fortnightly. The Open Court Publishing Co., Chicago.

BOOK REVIEWS.

THE ELEMENTS OF MODERN DOMESTIC MEDICINE. A Plain and Practical Hand-Book, Describing Simple Diseases. By Henry G. Hanchett, M. D. Revised by A. H. Laidlaw, A. M., M. D. New York: Charles T. Hurlburt, 3 E. 19th St. 1887.

If the field of domestic medicine was to be again invaded, Dr. Hanchett has shown himself to have been the proper one to undertake the task. His language is easy and colloquial, and draws the reader on by its very simplicity, and yet it is laden with wisdom and instruction. Listen to this:

In general try to let the child act out his nature. Don't keep him housed up or dressed up, or artificially impeded in any way. Let him live out-of-doors as much as possible, and don't try to keep him clean. Let him learn through play and experience, and the loving help of parents and friends — never, if it can be avoided, from book or in school, till the second teeth come. Dread precocity in physical as well as in mental respects, and don't encourage the child even to walk till he makes the attempt himself.

The part devoted to directions for the use of homœopathic medicines is very clear, the potency always being expressed — a feature that most books neglect. The repertory, though brief, is one of the best we have seen in any work.

The publisher has put the book into excellent shape, thus giving it a setting worthy the value of its contents.

THE VEST POCKET ANATOMIST (*founded upon Gray*). By C. Henri Leonard, A. M., M. D., Professor of the Medical and Surgical Diseases of Women in the Detroit College of Medicine. 13th Revised Edition, Enlarged. Detroit: The Illustrated Medical Journal Co., 1887.

This little volume in its former editions is so well-known that it is only necessary to confine our notice to this, the *thirteenth* edition, which contains accurate topographical plates of the venous, arterial and nervous systems, photo-engraved from the English cuts in Gray's Anatomy. This makes the work especially of value to accompany the surgical case of any practitioner that is doing much work in this line, who may wish at his hand a "regular reminder" of the placement of arteries and veins that he may wish to avoid in making his incisions. The "Dissection" Hints show the incisions to be made in post-mortems to advantage.

SEXUAL HEALTH. A Plain and Practical Guide for the People in all Matters Concerning the Organs of Reproduction in Both Sexes and All Ages. By Henry G. Hanchett, M. D. New York: Charles T. Hurlburt, 1887.

This book is issued as a "Companion" to the author's work on Modern Domestic Medicine. It is an excellent idea to have the subject of which it treats in a separate volume. The advice given is very judicious, and, if followed, cannot but result in the rearing of better men and women, and the bearing of better offspring. Books of this kind should be read, by every parent, and Dr. Hanchett's work is an excellent one for the purpose.

THE CREMATION OF THE DEAD. Considered from an Æsthetic, Sanitary, Religious, Historical, Medico-Legal, and Economical Standpoint. By Hugo Erichson, M. D. With an introductory note by Dr. T. Spencer Wells, Bart., F. R. S. Illustrated. Detroit: D. O. Haynes & Co. 1887.

The physician and the priest minister at birth; the physician and the priest minister at death. If the people are ever to make a radical change in their mode of disposal of the dead, it is to the physician and the priest that they will look for advice, instruction and encouragement. Evidently with a view to influencing the physician, Dr. Erichson has written this book. It is complete in all its details, and gives a full exposition of cremation in all its forms. There is every argument in its favor; none, it might be said, against it. Dr. Erichson's book will make many converts to this system, which, some day, must become universal.

PRACTICAL BACTERIOLOGY. By Thomas E. Satterthwaite, M. D. Detroit: George S. Davis. 1887.

This book teaches the technique of laboratory work. It tells what apparatus is necessary, how to make culture fluids, how to sterilize broths, gives classifications of bacteria, and tells how to make examinations. It is a *practical* work for the laboratory, and indispensable to the student of bacteriology.

FOR SALE.—Office and furniture for sale cheap, with a two years lease, including a practice worth $5,000 a year. Would give possession at once. Also lease of house if desired. Enquire at "ERA" office.

ORIGINAL MEMOIR.

Dr. **Malacrida**. in Gazette Degli Ospitale, Milan, 1886. Utility of Carnrick's Soluble Food. In July last there came under my care a lady suffering from parenchymatous rheumatic nephritis. The attack was so acute as to lead to the suspicion of Variola, shivering, frequent and terrible lumbar pains, vomiting, but on the third day occurred an œdema, which became general, the urine being examined, removed every doubt as to the diagnosis. In quantity half a litre in tweny-four hours; reaction acid; specific gravity 10.35; reddish brown color on account of the presence of blood. Tested for albumen it became a solid brown mass, almost black. The microscope revealed a great quantity of renal epithelium, numerous blood corpuscles, both red and white, etc. The patient was threatened with pulmonary œdema, an obstinate vomiting of mucus and acid rendered impossible the administration of any remedy to overcome the constipation afflicting the patient from the first, and which prevented any possibility, by the intestinal tract, of compensating for the insufficiency of alimentation. Perspiration was induced, cups were applied to the lumbar region, attempts were made to administer milk; first pure, then deprived of butter by beating, and seasoned with salt or with Carlsbad water, but all were abandoned on account of distressing gastric symptoms being aggravated in the most extraordinary manner. Not knowing where to turn for a dietetic and curative method, it occurred to me that when sick infants were afflicted with gastro-enteritis of the gravest nature, I had always used the Carnrick Soluble Food with the greatest success. I therefore resolved to try it in this instance. I had a teaspoonful boiled a few moments in a glass of water and gave it hot to my patient, who supported it exceedingly well. I repeated the portion after a few hours. In short, nourished with this food alone and treated with a few subcutaneous injections of hydrochlorate of pilo-carpine, the gastric intolerance diminished, the tongue became clean, the breath less offensive, the quantity of albumen contained in the urine being less, morphologic elements disappeared, phosphites and chlorides re-appeared, and the patient made good recovery, not abandoning, however, for two weeks more, Soluble Food (*la sua farina alimentare*).

The same tolerance for this nutriment was afterwards noted in two other cases of nephritis when milk could not be retained. I also attempted the administration of this food in two cases of ulcer of the stomach, but with less happy results, though the tolerance was better than for milk, especially with the addition of a strong infusion of coca or a few centigrammes of hydrochlorate of cocaine.

Another female patient afflicted with carcinoma of the pylorus, and for whom the question of alimentation was a most serious one, as she tolerated neither milk nor broth, nor extract of meat, nor peptones, supported very well the Soluble Food cooked in water, to which was added a little diluted spirit of cider.

In conclusion, I believe that of all the special foods which are more or less highly praised and introduced to our notice, this Carnrick Food merits the preference.

MARK TWAIN, in a recent number of the *Century*, gives the following list of answers to questions by school-children who had undergone an examination in physiology:

Physillogigy is to study about your bones stummick and vertebry.

Occupations which are injurious to health are carbolic acid gas which is impure blood.

We have an upper and a lower skin. The lower skin moves all the time and the upper skin moves when we do.

The body is mostly composed of water and about one half is avaricious tissue.

The stomach is a small pear-shaped bone situated in the body.

The gastric juice keeps the bones from creaking.

The chyle flows up the middle of the backbone and reaches the heart where it meets the oxygen and is purified.

The salivary glands are used to salivate the body.

In the stomach starch is changed to cane sugar and cane sugar to sugar cane.

The olfactory nerve enters the cavity of the orbit and is developed into the special sense of hearing.

The growth of a tooth begins in the back of the mouth and extends to the stomach.

Scribner's Magazine for July contains the fourth instalment of the "Unpublished Letters of Thackeray," having the fac-simile of a four-page letter, including two Thackeray drawings. A number of these letters were written during a visit to Paris, and contain interesting allusions to eminent men whom Thackeray met there; among them D'Orsay, Gigoux, and D'Arlincourt. One of the letters gives an account of a visit which Thackeray paid to his old college, at Cambridge; and another describes Thackeray's failure in an after dinner speech at the famous Literary Fund dinner. These letters will be continued in further numbers.

The Century for July is an excellent number of that excellent magazine. Frank R. Stockton's "Hundreth Man," keeps up its interest. Nicolay's and Hay's history of Abraham Lincoln — exhaustive and classical — is destined to become one of the most valuable works of the century. There is the usual variety of new matter, and it is graced with illustrations which cannot be excelled.

Dr. John S. Dickson, of Pittsburg, gives in a recent number of *Gaillard's Medical Journal*, an account of operation in a case of uterine fibroid, in which he used Bovinine for nourishment of the patient. He says: "During the period of eleven days intervening between the operation and the day on which she left her bed for the first time, the patient's diet consisted entirely of the J. P. Bush Manf'g. Co's Bovinine, with a little milk, and of stimulants. Other foods were tried, but she could not retain them."

THEY SAY

That Jousset was right.

That Lippe is again on the war-path.

That the era of toleration has arrived.

That homœopathy is a system of medicine.

That sophistry deceives none but the sophist.

That abridged definitions are out of fashion.

That if we are a sect, we are a mighty good one.

That there are more things in heaven and earth ——

That homœopathy "cannot take the place of" a Turkish bath.

That a blister over the hepatic region will stop the nose-bleed.

That the Hahnemanniacs of Philadelphia have again broken loose.

That Brunton now says — "homœopathy is of partial application."

That homœopathy "cannot take the place of" an antidote for a poison!

That the English Homœopathic League now has four hundred members.

That our only crime is the possession of a name which is not "regular."

That another medical journal has died the death — this time in Florida.

That you should be sure you have a fact before attempting to state one.

That homœopathy "cannot take the place of" pumpkin-seed for tape-worm!

That cheap triturations are apt to contain white earth or starch and sugar.

That those who apply for rectal treatment should sign their names with an *.

That Orme says, "homœopathists have no thought of relinquishing their distinctive title."

That Brunton "cribbed" the greater part of his Index from Potter's *Comparative Therapeutics*.

That the physician who charges only one dollar a visit usually gets all that his services are worth.

That an "International Congress of Inebriety" is to be held in London. What a high old time they'll have!

That in opium-poisoning efforts at resuscitation should be persisted in so long as a sign of life remains.

That carcinoma uteri, in its inception, is a local disease, and should receive radical treatment at that time.

That Foster is the first man to have defined the true relations between "scientific" and "traditional" medicine.

That the use of ether has been followed by numerous deaths from acute nephritis and catarrhal pneumonia.

That the gray matter of the brain and spinal cord is increased by the exact and systematic training of the muscles.

That a woman in Vienna was thrown into a hypnotic sleep, and in this condition went through a painless labor.

That patients suffering from opium-poisoning have been resuscitated after the respirations had fallen as low as one in two minutes.

That the Austrian Medical Association has called upon the government to make vaccination compulsory throughout the empire.

That the allopaths have accepted Brunton's definition of homœopathy. Man generally accepts that which he is inclined to.

That there are systems and there are systems, and the whole world is striving for perfect system. But as yet none has been discovered.

That retention of urine may often be relieved by the application of ice to the perineum, or the introduction of a small piece into the rectum.

That "it receives severe criticisms from many of its quondam brethren, while it gets a very unappreciative hearing from the regular school."

That the slow pulse of jaundice is due to the inhibitory action of the biliary acids on the heart, exerted directly upon the cardiac ganglia.

That success in the treatment of phthisis by gaseous enemata depends upon attention to details, and the care given to each individual case.

That it is dangerous to give morphine to a patient who is under the influence of alcohol, for the latter agent intensifies the effects of the opiate.

That Campbell's striped patients lose only one-fourth as much time from sickness as do those at the Chester institution, who receive "regular" treatment.

That Virchow's assistants say that one-third of the cases said to have suffered when alive from muscular rheumatism, exhibit, *post-mortem*, the trichina spiralis in their muscles.

That it is dangerous to use hypodermic injections of morphine for strangulated hernia. It quiets the patient, and gives a sense of false security, while the disease still does its work.

That the German physician who has undertaken to reduce the Czar's corpulence, will receive $6,000 if he succeeds, $2,500 if he fails. We know a doctor in Chicago who will undertake the job for half the price.

That the number of doctors in this country increases three times as fast as the population. Any mathematician can now figure it out and tell you how long it will be before the entire population will consist of doctors.

That the board of managers of a hospital in London called upon several of the medical staff to resign because they used attenuated remedies; the board of managers of a hospital in Philadelphia called upon the medical staff to resign because they did not use attenuated remedies.

THE MEDICAL ERA.

CHICAGO, AUGUST, 1887.

JAMES E. GROSS, M.D., } *Editors.*
CH. GATCHELL, M.D., }

PASTEUR TRIUMPHANT.

The report of the British Commission on Hydrophobia was presented to Parliament last Tuesday. It is not a lengthy document, but in a comparatively few paragraphs it affords the most complete and powerful defence of M. Pasteur's method, and the most crushing reply to his critics yet published.—*Editorial in the British Medical Journal, July 9th, 1887.*

THE MEDICAL ERA was one of the first journals in this country to avow a faith in the genuineness of M. Pasteur's great discovery in preventive inoculation for rabies. We took this position deliberately, only after looking into the subject very carefully, and after having consulted all available literature, both foreign and domestic. As a result, we found, a year and a half ago, ample evidence to convince any man, not hopelessly prejudiced or wilfully blind, of two things: *1st* That Pasteur's method would give any dog, or any number of dogs, *absolute immunity against rabies; 2nd*, That of the patients treated by Pasteur — those who had been bitten by dogs *demonstrated to have been rabid* — the death-rate was far below what it would have been had the treatment been inefficacious.

On these two facts — which, from the best of evidence, we satisfied ourselves *were* facts — we founded our faith.

The consistency of our position has now been demonstrated. The report of the British Commission is strongly, decidedly and unequivocally in Pasteur's favor. It goes so far as to declare that Pasteur's method grants immunity from rabies "similar to that which vaccination affords against small-pox." The *British Medical Journal* says:

Prof. Burdon Sanderson, Dr. Lauder Brunton, and Mr. Victor Horsley went to Paris, in May, 1886, and personally investigated the history of 90 patients residing in Paris, Lyons, and St. Etienne, whose names appear consecutively on M. Pasteur's list. Full particulars of all those patients are given in the appendix. In 31 instances there was no reliable evidence that the dog was rabid; in others the bite was inflicted through clothing; but in 24 the patients had been bitten on naked parts by undoubtedly rabid dogs, and the wounds were not cauterized or treated in any way likely to have prevented the action of the virus. None of these 90 persons have died of hydrophobia. The Committee estimates that 8 would have died had the inoculations not been practiced. This is the most precise evidence obtained by the Committee, but it would be difficult to over-estimate its value, and it is well worthy the great time and pains expended in obtaining it. No previous observers or critics have contributed any evidence of the kind, and *it must be held fully to confirm the claims advanced by M. Pasteur.**

The report further says:

Making fair allowance for uncertainties, and for questions that cannot now be settled, we believe it sure that, excluding the deaths after bites by rabid wolves, the proportion of deaths in the 2,634 persons bitten by other animals was between 1 and 1.2 per cent, a proportion *far lower* than the *lowest* ever estimated among those not submitted to M. Pasteur's treatment, and showing, even on this lowest estimate, *the saving of not less than 100 lives.*

* Our Italics throughout.

Furthermore, it has been *proved*, either by inoculation experiments, or by the occurrence of rabies in animals also bitten, that in the cases of 233 persons bitten the dogs were *indubitably rabid*, yet only 4 persons died; the committee estimates that at least 40 would have died if the inoculations had not been performed. Even the cases of the 48 patients bitten by rabid wolves, of which so much has been made by M. Pasteur's opponents, are made to tell in his favor, for the committee estimates that, if untreated, nearly 30 would have died, whereas only 9 actually succumbed.

The Committee comes to this conclusion:

From the evidence of all these facts we think it *certain* that the inoculations practiced by M. Pasteur on persons bitten by rabid animals have *prevented the occurrence of hydrophobia* in a large proportion of those who, if they had not been so inoculated, would have died of the disease.

The British Commission was appointed by the Government. It has made its report direct to Parliament. It consisted of Sir James Paget, Sir Joseph Lister, Dr. Richard Quain, Dr. Lauder Brunton, Prof. Burdon Sanderson, Mr. Victor Horsley and Dr. George Flemming, the principal Veterinary Surgeon of the Army.

These names — known to be those of some of the most eminent medical men in the world — are a guarantee of faithful work, of calm judgment, and wise decision.

From this day, Pasteur's opponents must either observe a discreet silence, or else show good reason why their opinions are of greater value than those of Sir James Paget and his confreres.

The reason why many American physicians have been misled into assuming an attitude of hostility towards Pasteur and his work, is that they have taken their opinions second-hand from the *Medical Record*, a journal that from the first has, in the main — guided by its own prejudices — given its readers garbled and one-sided reports of Pasteur's work. It has, without relating any of the circumstances, heralded each death as renewed evidence of the complete failure of the system, and this with an air of satisfaction which would make it appear that the wish were father to the thought. It has liberally quoted Frisch and Billroth and Spitzka, while refraining from giving Pasteur's side of the questions involved. Frisch tried to repeat Pasteur's experiments, and, for want of sufficient knowledge and skill, failed. Billroth took his opinions second-hand, from Frisch. Spitzka never visited Paris for purposes of investigation, and was about as capable of forming a correct judgment as a cow is of setting type.

But now the *Record* is compelled to recognize the force of the report of the Commission, though it does so with evident reluctance, as shown by the fact that it makes what should be its leading editorial — opening with the words: "By far the most important medical event of the present year is the publication of the report of the British Commission on Hydrophobia" — the third in place. It is not generally customary to discuss the "function of the liver," and the "treatment of hernia," before the "leading medical event of the year." The editor concludes by saying:

For the whole country [the United States], the average annual death-rate should be not far from 100 persons annually, with 2,000 bitten. Inoculations would save 80 lives annually, if we accept the conclusions of the Commission. It is for the public to say whether it is worth while to undertake such a work.

If the editor himself were one of the first to require the treatment, it would not take him long to decide "whether it is worth while to undertake such a work."

The ink is scarcely dry in the pages of the *American Homœopathist*, announcing editorially the complete and utter failure of Pasteurism. This journal cannot now remain silent. It must either perform the gymnastic

feat of climbing back to the other side of the fence, or show good and satisfactory reason why its opinion is of greater value than that of Sir James Paget, Sir Joseph Lister, Mr. Richard Quain, Prof. Burdon Sanderson, Mr. Victor Horsley and Dr. George Flemming, who, with every facility for the most complete investigation — extending from April 1886 to July 1887 — have come to a different conclusion!

The *Homœopathic World*, of London, occupies a similar position, but it has been so extreme in its utterances that it will probably take a long time to find a comfortable place outside the ranks of the opposition. As a preparatory course of reading we would recommend to the editor of the *World* the history of a fellow-countryman of his, by the name of Edward Jenner. It must be that this will do much to bring his mind into a state of receptivity.

When men, so eminent and conservative as those composing the British Commission, make a report, after thorough investigation, so strong as this one, opponents must either accept it, or show cause for not doing so. There is nothing equivocal in the language. That Pasteur's method will give dogs *absolute immunity* against rabies, no sane man can longer question. As regards its effect on the human subject, the Commission says:

It has been *proved*, either by inoculation experiments, or by the occurrence of rabies in animals also bitten, that in the cases of 233 persons bitten the dogs were *indubitably rabid*, yet only four persons died. .... From the evidence of all those facts we think it *certain* that the inoculations practiced by M. Pasteur have *prevented the occurrence of hydrophobia* in a large proportion of those who, if they had not been so inoculated, would have died of the disease.

It is said that facts are stubborn things, but they are not half so stubborn as the man who is not convinced by such facts as these!

IN FAVOR OF PASTEUR.

What have Pasteur's critics to say to the following testimony?

Pasteur's treatment is likely to prove a success so extraordinary and so beneficent as to place its author in the first rank of men of genius of all ages. — *Prof. Ray Lankester, in Nineteenth Century.*

For some months I have been in Paris studying Pasteur's methods, and I am convinced that Pasteur has established a true prophylactic treatment against rabies. — *Dr. Hime, A. B., M. B., Dub., before the Pathological Society of London.*

The evidence is all in favor of the conclusion that Pasteur has by his treatment saved from death one hundred and forty-five people who were bitten by rabid dogs. — *Norman Kerr, M. D., F. L. S., Lond., before the British Medical Association.*

We think it certain that the inoculations practiced by M. Pasteur on persons bitten by rabid animals have prevented the occurrence of hydrophobia in a large proportion of those who, if they had not been so inoculated, would have died of the disease. — *Report of the British Commission on Hydrophobia, July, 1887.*

The results of Professor Pasteur's investigations and new method have to be tested by time and much study and experience, but at the present date [Dec. 20, 1886] the evidence seems to favor the view expressed by Dr. Hime at the Pathological Society, that a true prophylactic treatment has been established against rabies. — *British Medical Journal, Editorial.*

From what has gone before, and from M. Pasteur's labors and statistics, assuming that the margin of error in his great work is small, and this it seems must be admitted, there is hardly room for doubt that a great number of people are being saved from a horrible death, and that the mortality of those bitten — authenticated cases — has been most remarkably diminished. Therefore, for the present, the evidence is accumulating in favor of M. Pasteur, and we must believe in the practical life-saving value of his discovery. — *Paris letter of Charles A. Siegfried, Surgeon, United States Navy, in N. Y. Medical Record.*

ORIGINAL ARTICLES.

A STUDY OF GELSEMINUM SEMPERVIRENS.

By H. D. CHAMPLIN, A. B., M. D.

CLEVELAND, OHIO.

GELSEMINUM SEMPERVIRENS, Yellow jessamine, or Woodbine, is one of the most interesting climbing plants of the Southern states, and is extensively cultivated in gardens south on account of its beauty as well as fragrance.

It is a slender vine, and grows luxuriously in the native forests, attaining often great heights. It flowers in March and April, and the beautiful yellow blossoms yield a delightful perfume which permeates the surrounding atmosphere.

It belongs to the natural order *Loganiaceæ*, the same as Ignatia, Nux vomica, Woorari, Upas, and Spigelia. The root is long, ligneous, and varies in size from two inches to a few lines in thickness. It is of a light snuff color.

The bark of the root is the part used in medicine and *should always be tinctured while fresh.*

"The medical history of this plant is quite modern, having been brought into notice by a Mississippi planter for whom in his illness—a severe attack of bilious fever—the root was gathered in mistake for that of another plant. After partaking of an infusion serious symptoms arose; he was seized with complete loss of muscular power, unable to move a limb or raise his eyelids.

"His friends, greatly alarmed, gathered around him, expecting every minute to see him breathe his last. After some hours he gradually recovered and found his fever had left him.

"Ascertaining what plant it was the root of which acted in this manner, the planter employed it successfully on his own and neighboring plantations. The plant was the Yellow jessamine."—*King.*

Physiological Effects. Many cases of poisoning from the inadvertent use of this drug are reported. The earliest effects of full doses is:—Nausea, with ineffectual efforts to vomit; spasms of the larynx and pharynx; great prostration; feeble, irregular and intermittent pulse; irregular and slow respiration; extremities at first hot and dry, then cold and moist.

Loss of muscular power, with in-coördination.

Aching across the brows, pain in the eyeball. Dimness of vision; ptosis; diplopia; pupils are dilated and insensible to light; eyes fixed and protruding, and there is utter inability to raise the eyelids. It paralyzes all the sphincters, causing enuresis and involuntary stools. Paralysis, more or less general, and the patient becomes unable to stand, move, or speak. Death follows without convulsions or loss of consciousness.

THERAPEUTICS.

Mind.—There is confusion of the mind, with inability to connect the thoughts. Wild feeling in the head; great irritability; does not wish to be spoken to. Stupid, intoxicated feeling. Bruised pain back of the orbits.

Head.—Constant pressure, dull and stupefying pain in the head, most frequently in the temples and forehead; followed by giddiness which is worse on standing or walking. Dim sight and roaring in the ears. Severe pains in the vertex; throbbing pains in medulla, passing through mastoid processes to eyes and forehead, accompanied by giddiness, faintness and chilliness; tendency to grow blind before headache comes on.

Pain is better from compression, and lying with the head high.

Eyes.—Great heaviness of the eyelids, especially in or under the upper lids, which may so increase that it is with great difficulty the eyelid can be lifted up, or it may even go on to complete ptosis.

Dimness of vision, may produce temporary loss of sight; pupils are expanded and insensible to light; dryness of the eyes.

Asthenopia, with oscillation of the eye-ball on slightest fatigue.

Amaurosis, due to use of tobacco, succeeding diphtheria, or caused from onanism.

Photophobia from exposure to sun. Strabismus when of recent origin. Choroiditis with hyperæmia of the optic nerve and retina.

Diplopia and hemiopia not only when from simple paralysis of the recti muscles, but when the affection is of deeper origin.

Retinitis due to albuminuria. In acute ophthalmia which occurs as a symptom of masked intermittent, and the congestion returns at stated intervals.

Ears.—Nervous deafness, when of a mild form, or when the symptoms have not lasted any great length of time, and patient is otherwise in a fair state of health.

Earache from cold.

Humming and roaring in the ears. Sudden and temporary loss of hearing. Neuralgic otalgia when remittent or periodical. (Few drops of tincture put in the ear will relieve.)

Nose.—Watery discharge; bloody mucous discharge. Has a special influence on capillary circulation of mucous membrane, lessening hyperæmia. Sneezing followed by tingling and sense of fulness in nose.

Tongue.—Yellowish white, or red edges with a white centre; fetid breath; thick brown coating.

Stiffness of tongue and muffled speech.

Paralysis of the tongue, either partial or complete.

Teeth.—Toothache from cold; or purely nervous pains which extend from the teeth to the temples.

Gingival neuralgia, if the pain is of a shooting character and there is difficulty in separating the jaws.

Mouth and Throat.—Lips are dry, hot and coated; burning in the mouth extending to the throat and stomach.

Coldness in the throat.

Sensation as if a foreign body were lodged in the larynx.

Paralytic dysphagia and dysphonia (unattended with numbness or prickling) due to loss of motion through nerve failure.

Laryngismus stridulus, spasmodic croup, and spasms of the pharynx and glottis.

In *Post-diphtheritic paralysis* it is as *near a specific* as any remedy we have.

Tonsillitis, beginning generally on the right side, pain shoots to ear and appears external instead of internal. Absence of thirst; tongue coated yellow; high temperature, compressible pulse, great muscular weakness, aching in all the limbs, (it controls and modifies all the symptoms with a celerity which is wonderful.)

Catarrhal or spasmodic œsophagitis with that peculiar vomiting characteristic of disorders of this tube.

Stomach.—Bitter eructations. Eructations without taste or smell.

Nausea, accompanied by giddiness and headache. False hunger.

Feeling of emptiness and weakness. Burning in stomach extending to the mouth.

Alternate increase and loss of appetite. Nausea accompanied by dimness of vision.

Bowels.—Soft stool passed with difficulty as though sphincter ani were spasmodically closed.

Diarrhœa from exposure to wet, either in cold or warm weather, from emotional excitement, such as bad news, grief, disappointment.

Diarrhœa from nervous excitement, such as soldiers in battle, students preparatory to passing an examination, etc.

Evacuations are yellow, *cream colored*, fecal bilious, tea-green or olive-green.

Mucous dysenteries with spasmodic colic, and tenesmus associated with green biliary stools, or with jaundice and light colored stools.

Little or no thirst, and desire to be let alone or to be quiet.

Urinary Organs.—Profuse emission of clear watery urine, accompanied by chilliness and tremulousness.

Nocturnal enuresis of children; paralysis of bladder in old age.

Spasms of bladder, with alternate dysuria and enuresis.

Hyperæsthesia of the bladder from onanism or sexual excesses.

Male Sexual Organs.—Involuntary emissions of sperm with or without erections, followed by great debility and lowness of spirits (of especial benefit when result of onanism).

Spermatorrhœa, when emission from debility and relaxation; pale face, sunken eyes, heavy dragging gait, excitable sexual desire.

Gonorrhœa in the inflammatory stage, scanty discharge, and tendency to chordee; little pain but much heat, smarting at meatus after urinating.

Suppressed gonorrhœa in which discharges have been suddenly and prematurely stopped from improperly used injections. Suppressed gonorrhœa followed by orchitis or rheumatism.

In spasmodic stricture the introduction of a greased bougie which has been dipped in tincture of Gelseminum, repeated a few times will often effect a cure.

Female Sexual Organs.—Sensation of heaviness in uterus. Suppressed menstruation, with convulsions.

Aphonia during menses.

Dysmenorrhœa, neuralgic and spasmodic, preceded by headache and vomiting; pains center in the uterus and shoot upward, along the back, and down the thighs.

Sensation as if the uterus were squeezed by a hand.

False labor pains, cramps in abdomen and legs, nervous irritability and insomnia. Rigidity of os uteri—acts like magic, producing dilatation and promoting labor.

Inefficient pains from uterine debility. Irregularity of labor pain, contractions involve different planes of the uterine muscular tissue, first in one part then in another.

Cutting pains in the abdomen during labor, from before backward and upward, rendering labor pains useless.

Puerperal convulsions depending upon uræmia, head feels too large, speech thick, pulse slow, face deep red. Wave-like sensations from the uterus to the throat, ending with a choked feeling. Threatened abortion from sudden depressing emotions or news. After-pains.

Menorrhagia due to atony of the uterine vessels.

Prolonged menorrhagia from lack of contractility.

Respiratory Organs. — Acute catarrhal bronchitis accompanied by a tickling in the pharynx.

Severe cough with vomiting, pain in the chest and tenderness in the epigastrium. Sensation of constriction in the lower part of the chest, limbs cold, pulse slow and labored.

In pneumonia, broncho-pneumonia, and pleurisy it proves a most valuable adjunct in connection with other remedies, quieting the nervous system and producing a gentle and refreshing perspiration. The catarrhal condition which it covers seems to affect the nose, eyes, and ears, (in fact the whole head) and with it there is profound and intense prostration of the whole muscular system.

Spasmodic asthma worse at night.

Catarrhal symptoms are all aggravated by every cold change and from exposure to dampness.

Heart.—Palpitation of the heart, or when heart's action is abnormally increased from plethora, hysteria, rheumatism or neuralgia; pulse full and soft, stitches in cardiac region worse from lying down.

A feeling that it is necessary to keep moving about or else heart's action will cease.

Fevers.— Intermittent fever, chilliness especially along the back, cold extremities, marked decrease in pulse, little shaking, and chill does not last long — followed by fever with rapid pulse, no thirst, flushed face, stupor, and severe pain in the back and extremities; stupor lasts for hours and is accompanied or followed by profuse perspiration.

(The quotidian type is the one most frequently calling for this remedy.) Dumb ague where there is much muscular soreness, great prostration, and violent headache.

In regions where intermittents are endemic Quinine as an inter-current, or in alternation with Gelseminum, may be profitably used.

Bilious remittent, and gastric fevers, (especially of children) with frontal or general headache, dizziness, tendency to stupor, jaundiced color of the eyes and face, nausea and vomiting, foul taste, bilious discharges from the bowels, prostration and pains in the muscles and bones.

For nervous chills or "*chatters*" it is a specific.

Typhoid fever, early stages; irritative fever from abscesses.

Catarrhal and rheumatic fevers.

Inflammatory fevers.

Exanthematous fevers, especially where there is a tendency to convulsions or retrocession of the eruption.

In uncomplicated cases of measles where catarrhal symptoms are prominent no other remedy acts so promptly or speedily in effecting a cure.

Encephalitis or brain fever, especially where there is much pain and heat in the occiput, and there are occasional remissions in the fever.

In all fevers the pyrexia advancing as night approaches, is a further indication for the use of Gelseminum.

Nervous system.—Nervous exhaustion or neurasthenia, where the patient is languid, listless, and drowsy; dull pain in the lumbar and sacral regions; weak back; excessive trembling of the hands, arms, and limbs — (with the 200th dilution, one dose every second day, it has acted for me like a charm).

Loss of muscular control, every little exertion causes fatigue of the legs with muscular soreness.

Paralysis of the motor nerves, muscles refuse to obey the will, and there is pricking, tingling and crawling in the parts.

Professional neuroses, piano and organ players; wandering pains and weakness in arms preventing their use in their occupation.

Tetanus and trismus; epilepsy, after suppressed menses, with severe spasm of the glottis.

Hysteric convulsions.

Locomotor ataxia, it is useful in proportion as general condition approaches that of the remedy.

Infantile paralysis.

Insomnia, patients are dull, stupid, yet fail to sleep. The nervous system is exhausted from overwork or debauch. Patients

seem ever on the verge of profound slumber but are unable to pass the gulf that lies between them and needful rest.

Insomnia of college professors, business men.

Insomnia of persons from excessive use of tobacco.

Quiets the nervous system.

Muscular System.— Myalgia from great over-exertion, accompanied by decided rise of temperature.

Muscular rheumatism, numbness and heaviness in muscles and they fail to obey the will. Feet feel as if in cold water; pain grows worse at night, and from warmth of the bed, but is relieved by motion.

Skin.— Furuncles when of large size (a cerate of same makes a good after-dressing). Erythema, where eruption resembles measles.

In mild types of erysipelas, with characteristic pulse and muscular pains of the remedy. Acne upon the neck and forehead.

A NEW OPERATION FOR HEMORRHOIDS.

Monthly Chapter on Orificial Surgery.

By PROF. E. H. PRATT, M. D.
CHICAGO.

THE new specialty of Orificial Surgery, as well as the profession in general, has been placed under great obligations to Dr. Whitehead, of Manchester, England, for a contribution to surgical literature from his pen, describing his method of treating hemorrhoids. Whether or not the method originated with Dr. Whitehead I am unable to state, but at any rate to him is due the credit, I believe, of first giving it publicity. Personally I feel so grateful to the doctor that I hope the time may come when I can grasp his hand and tell him what an ardent admirer he has in the person of at least one American citizen. I was well content with my treatment of rectal ulcers, fissures, pockets, papillæ, and (of late) with fistulæ, etc., but hemorrhoids — especially when accompanied by prolapsus ani and redundant tissue — were still with me more or less a *bete noir*. The hypodermic treatment was adapted to but few cases, and was even then unsatisfactory in many respects. The removal of longitudinal strips by acid or thermic cautery, or by the scissors, had so many disadvantages and so few good results to recommend it, that it was never more than an experiment. The clamp had very generally superseded all other measures where much tissue was to be removed or where the pile-bearing inch between the sphincters was in such a bad condition as to demand removal. The temporary and the ultimate effect of clamp work, when properly carried out, was satisfactory, but the "proper carrying out" of the work involved a period of from four to twelve weeks, during which time it was absolutely necessary to afflict the patient with such oft-repeated scrapings and dilatations to insure the desired boon of a well dilated and smoothed orifice, as to seriously interfere with both mental and physical composure for that length of time. I have sought earnestly for some better measure that would give us good results in less time and with less suffering. This able English physician, Dr. Whitehead, has come to our relief and left very little now to be desired in the way of rectal surgery. By his method the veins are as thoroughly destroyed and the redundant tissue as neatly removed as by the clamp, and, *mirabile dictu*, when the operation is done the patient is cured! — no pain — scarcely any soreness, no exposed surface, no subsequent contraction, no subsequent dilatation. What an economy of time, of strength, of finances, and of comfort! One thing alone is to be regretted — a thing that is unavoidable at present — and that is, the operation is rather tedious, and is somewhat difficult to perform — too much so for those inexperienced in surgery. A suggestion comes to me which may simplify the process and I will give it before closing this article.

In describing the operation I prefer giving an original description rather than to quote Dr. Whitehead's language, hoping thereby to cover a few points which he omits, and to make others more plain.

Under an anæsthetic the patient is to be placed on his back, his knees are to be well flexed and separated and crowded well up against the abdomen, an assistant on each side being necessary to retain them in that position. A small pillow is to be placed beneath the hips, and the patient drawn down well to the edge of the operating-table.

The first step now is to thoroughly stretch the sphincters so as to allow ample room for work. There is little danger of overdoing it, although I must confess to a slight timidity about carrying it as far as Dr. W. seems to practice when he speaks of its taking two or three weeks for a patient to recover control of them. My preference, so far, being never to

deprive my patient of control of the sphincters. The stretching can be done with the index and middle fingers of both hands, or with the thumbs, as the operator prefers.

Now, with a pair of good artery-forceps (and for this purpose I prefer my own, as their grip is secure) seize the tissue at the dependent portion of the anus, right at the junction of the mucous membrane and the skin. With the curved sharp-pointed bistoury, or pair of scissors, follow this narrow line which marks the junction of the mucous membrane and the skin, over piles, along the sharp margin of tabs, or along smooth stretches of tissue, wherever that line may be. By completing the circle of the anus in this manner you will sever the connection between the mucous membrane and the skin. The more difficult part of the operation is next to be undertaken. It consists in peeling the mucous membrane from the subjacent tissues, with the piles dangling to its attached surface. The work should be begun below, and is best accomplished by two pair of forceps, or by the fingers and forceps, it being better to tear the tissues, when possible, rather than to use edged tools. Scissors, however, may sometimes be found convenient.

The peeling process should be carried slightly above the pile-bearing inch. The work at this stage will present a confused mass of lacerated and bleeding tissue, which is to be dealt with as follows:

After checking the hemorrhage by a few moments' steady pressure, seize the lower part of the dangling mucous membrane with forceps or fingers, and with a pair of scissors begin the process of snipping off the entire rim of diseased membrane. Dr. Whitehead prefers to accomplish this by sections, but seeing no especial advantage in this more difficult process, I prefer to continue the trimming process until the entire rim of diseased tissue is removed. There is no difficulty whatever in properly securing the mucous membrane subsequently, the hemorrhage at this part of the operation is not excessive, and under any circumstance is very easily controlled by forceps or pressure. Examining now the severed margin of the skin, its irregularities, occasioned by the splitting of tabs, should be carefully trimmed down — to what extent, the operator alone being able to decide.

Enough tissue should be left to permit a union of the mucous membrane and skin by sutures, without tension. The stitching process is best accomplished in this, as in any circular surface where symmetry is desired, by stitching opposite sides first. In placing the stitches the mucous membrane must be drawn down and held by a pair of artery-forceps until the needle is passed and the thread carefully tied, the membrane being so fragile that care must be taken to prevent the cutting through of the stitch in the effort to apply it. The more carefully the edges of the mucous membrane and skin are co-apted the quicker and more satisfactory will be the healing. It is my present practice to employ between fifteen and twenty-five very fine interrupted silk sutures.

The operation is now complete, and the patient is to be placed in bed, where he will need to remain a week or ten days. In cases where a sound has been passed at the same sitting, catheterization has been necessary for a few days subsequently. It has not been necessary so far in my experience, where the sounds have not been used at the time of the operation. I infer that double work is not so desirable in cases involving stitching of the anus.

The after-treatment consists in the use of fomentations of diluted Hamamelis and sitz-baths, the latter employed twice daily. The majority of the stitches are shed in the course of a week or ten days, there being an occasional one requiring removal after that period.

This operation I regard as a great triumph of surgery and I shall gladly employ it in those cases in which previously the clamp was my only resource. It is possible that a combination of the clamp and the present operation may shorten the process and make it less bloody, and, although it is yet untried, I can think of two ways of accomplishing this purpose. The first is by clamping half of the anus at a time and applying the stitches behind the clamp before it is removed; the crushed ridge is then to be amputated and the stitches secured, after which the other half may be dealt with in a similar manner. The second suggestion is to include the entire anus in a single grip of the clamp, being careful not to apply the clamp as closely as in the ordinary clamp operation; after removing the clamp and severing the crushed ridge I can conceive no difficulty in matching the mucous membrane to the skin by sutures as above described. If either of these plans is practicable it will save strength and time for the operator, and some blood for the patient, although Dr. Whitehead's method is by no means dangerously bloody. Upon this subject however it will be necessary to report again. Actual experience is much more valuable than any amount of theory.

EXAMINATION OF THE URINE IN KIDNEY DISEASE.

By CLIFFORD MITCHELL, M. D.,
CHICAGO,

(Read before the Illinois Homœopathic Medical Association.)

WITHOUT taking up time by an elaborately prepared and scientific paper, I beg leave to call the attention of the Society to a number of points of value to diagnosis from examination of urine, but so simple as often to be overlooked.

1. In regard to the *quantity* of urine voided, an important point is to ascertain how much urine the patient voids *at night*, in comparison with that of the day time.

When the kidneys are in good condition a much larger amount of urine, proportionately, is excreted during the day than at night. On the other hand, in certain kidney diseases, one of the first symptoms that the patient himself notices, and especially in cirrhosis of the kidney, is that he is obliged to rise at least once, or even oftener, in the night to urinate.

2. The *color* of the urine is likely to show some change from normal in many diseases of the kidneys. In acute nephritis we note the well-known reddish-brown, "smoky" tint; in chronic nephritis, in the early stages — so important to recognize — we find the color usually *darker* than normal, but in the later stages *lighter* than normal. In *cirrhosis* we have noticeably *pale* urine; in late stages I have seen it as pale as water. In *peurperal nephritis* the color varies according to the activity of the disease, being darker than normal when the quantity falls off, becoming lighter when the quantity approaches normal, and so on. In *lardaceous* disease the color is pale and the urine very clear so long as no complications are present. In *passive congestion of the kidneys* the color is darker than normal, often brownish red, and the urine is often full of urates and uric acid.

3. *Cloudiness* of the urine is noticed by the patient very soon, in the course of several disorders. Care must be taken to differentiate the turbidity caused by pus and bacteria from a sediment which settles completely, leaving the urine above reasonably clear. Urine turbid from presence of bacteria cannot be readily filtered clear, even through several filter papers folded together; and if a trace of albumin be found in such urine it is probably due to pus, and is of extra-renal origin. Cloudy urine which settles clear and which filters clear is usually significant of kidney disease when albumin is *abundant* in it. On the other hand, the urine in kidney disease may sometimes be very clear. The freshly voided urine of women very often contains bacteria, and is therefore slightly turbid; it will in this case either never become clear, however long it stands, or when poured into a test-tube and held up to the light against some dark object, as the coat-sleeve, be seen, in agitating, to be full of fine, silky, interlacing waves. Such urine will often be found to contain albumin *in minute quantity*, on careful testing; this is not necessarily significant in cases of pregnancy or puerperal nephritis, for the albumin is probably due to prevalent contamination from vaginal secretions, say, or, possibly, from cystitis.

4. The specific gravity of urine is of importance, as you all well know, and I need not go over the familiar ground in full. I wish, however, to call your attention to the fact that in the *early stages of chronic nephritis the specific gravity is normal, or above normal — seldom below normal;* it descends, of course, in the later stages. In cirrhosis the gravity is not above 1020 as a rule in the early stages, and goes lower as the disease progresses. In *puerperal nephritis* the specific gravity varies with the quantity of urine excreted, going up when the quantity of urine decreases, and down when it increases. In uncomplicated *lardaceous disease* we find the same variation inversely as the quantity, but if the lardaceous disease is complicated by nephritis, the specific gravity is usually higher than normal.

In *passive congestion* we expect to find the quantity of urine less than normal, and hence the specific gravity higher than normal. In this disease—known to some authors as *cyanotic induration* of the kidneys — the characteristic features are: reduced quantity, high specific gravity, dark color, highly acid reaction, urates and uric acid in the sediment, a small percentage of albumin, but few or no casts in the sediment. You are well aware that this is a secondary renal disease, due to cardiac changes.

5. Albumin is found in the urine of many diseases, and to diagnose Bright's disease simply because albumin is found in the urine, is grossly incorrect. It must be carefully borne in mind that a trace of albumin can almost always be found in the urine of women; in cases of suspected kidney disease female

patients should be directed to take a cleansing injection before voiding urine for examination. When albumin is noticeably present in the urine, on application of either the nitric acid or the heat test, or both combined, an attempt should be made to find out whether the albuminuria is functional or organic. We may have functional albuminuria depending on derangement of functions of the kidney, and found in the course of nervous diseases, derangements of digestion, altered conditions of the blood, but sometimes, if in small quantities, "physiological," although the correctness of the term has been disputed. If the quantity in 24 hours is not greatly changed, and especially if the amount of solids is about normal — readily calculated by multiplying the last two figures of the specific gravity by the number of fluid ounces passed in 24 hours, result total number in grains of solids in 24 hours, normal range 850 to 1155 grains — if the albumin is small in amount and there are no tube casts in the sediment, I feel confident usually that on treatment of the nervous or digestive trouble the albumin will disappear from the urine. The albumin in such cases will not be usually found in the urine voided *before* breakfast, but only after meals and exercise, and more albumin will be found *after* breakfast than after other meals. When breakfast is taken at 8:00 or 8:30 in the morning, and the specific gravity of the urine voided at about 12 o'clock is from 1020 to 1027, this is a good sign, even when albumin is found, tending to show functional albuminuria rather than organic lesion and renal failure. I am suspicious of urines containing albumin voided after breakfast, say at about noon, when the specific gravity is *below* 1020; especially is it an unfavorable sign when the urine voided three or four hours after the principal meal of the day has a specific gravity less than 1020 and contains albumin in abundance. But when we find the specific gravity well up after meals and no general symptoms of kidney trouble, the presence of a little albumin in the urine should not alarm either the patient or his physician. Dyspepsia, biliousness, meat diet, excessive muscular exertion, cold bathing or other cause of chilling, are deemed prolific sources of functional albuminuria. Such albuminuria can be successfully treated with remedies suited to the general symptoms, and with due attention to diet, care of the skin, passive exercise, hygienic clothing, attention to mental state of patient, change of climate, etc., etc., all of which is outside the province and purpose of this paper.

If, now, we find that the albumin is more or less abundant, and, moreover, persistent, being found in the urine in greater or less quantity from time to time, but not disappearing altogether, and especially if the specific gravity of the urine voided three hours after the principal meal is below 1020 regularly, if the amount of solids in twenty-four hours is below 860 grains, and the urea decreased below 2½ per cent, we have to deal with organic albuminuria, and not functional. In such cases I proceed always to determine whether (i) the albumin is *renal*, *i. e.*, due to some disease of the kidney, or (ii) *extra-renal*, *i. e.*, due to the presence in the urine of *pus* formed somewhere in the genito-urinary tract. If I find pus in the urine and a mere haze of albumin, with the cold nitric acid test, the 24 hours' quantity and solids being about normal, I confine my attention to such disorders as cystitis, urethritis, and the like. If the urine is acid in reaction and the pus settles well, leaving the supernatant urine clear, and the amount of albumin is more than a haze, giving a well-marked zone with the nitric acid, or plainly visible flocks on heating, I look out for *pyelitis;* and if there are crystalline forms in the sediment when seen by the microscope, especially jagged crystals of *uric acid* and dumb-bell crystals of *calcium oxalate*, I think of *pyelitis calculosa*, and inquire for history of renal colic. If the pyelitis is chronic, the quantity in 24 hours will be found increased, the color greenish-yellow, and in long-continued cases the pus corpuscles under the microscope will be seen to have tooth-like projections.

Lastly, if there is no great show of pus in the urine, or none at all, but albumin is found persistently, either in abundance or even at times in very small amount, but yet persistent, and the quantity of urine in 24 hours is not as a rule normal, the specific gravity after principal meal is low, the total amount of solids in 24 hours less than 850 grains as a rule, then I begin to suspect that a case of true renal disorder is present. I am speaking now of chronic diseases, for I take it for granted that the symptoms of acute nephritis are so well marked that it is not necessary to dwell on them.

If the albuminuria is renal we have to differentiate chiefly between chronic nephritis,

cirrhosis, lardaceous degeneration, passive congestion, and growths, infiltrations and parasites, which can usually be done by paying attention to the age of the patient, the history of the case, the distinguishing general symptoms, dropsy, heart trouble, etc., etc., and quantity, color and specific gravity of the urine. In chronic nephritis we find epithelial, fatty and granular casts; in cirrhosis, small hyaline; in lardaceous disease, broad hyaline; in passive congestion of the kidney in heart disease, few or no casts. While the finding of tube-casts is certainly a help in establishing the diagnosis, they are by no means as common in urine as generally supposed. I look out for them in cases where chronic nephritis is suspected, and in active grades of puerperal nephritis, and, of course, in acute nephritis generally; in the other disorders we have many signs by which to establish the diagnosis. Even if albumin and hyaline casts are both found in urine, the diagnosis should at least be doubtful if the 24 hours' quantity of urine and percentage of solids is normal. I have known this to be the case at least once where there was no organic kidney trouble, but a cerebral one.

In puerperal nephritis we expect to find albumin very abundant; slight albuminuria is common in pregnancy and does not imply nephritis. The quantity in 24 hours will fall off if nephritis is present in the course of pregnancy, and the gravity of the situation depends largely on the 24 hours' quantity. Convulsions are always preceded by considerable decrease in the excretion of urine. Particular attention should be paid to a moderate or slight falling off in the 24 hours' quantity, continuing for weeks or months; the symptoms may in such cases be greatly aggravated at short notice.

I wish now to say a few words in regard to albumin testing. Within the past few years numerous new tests have appeared, and I dare say that many of you feel anxious to know their value. This question has been settled by a committee appointed in Great Britain to investigate the relative merit of the various albumin tests. The committee, after laborious research and experiment, finally decided that the nitric acid test and the heat test were entirely satisfactory for clinical purposes. Dr. Penzoldt, of Germany, undertook the same investigation, and although he prefers the acetic or citric acid and potassium-ferrocyanide test, he yet ranks the boiling test with addition of nitric acid *second;* the so-called new tests — picric acid, double iodide, etc., etc.,— he ranks after the heat and nitric acid test.

My own method of testing is to fill a test-tube about an inch high with urine, then by means of a small glass syringe (to the end of which a glass tube drawn to a point is connected by a rubber tube) nitric acid is taken up and by pressure on the piston of the syringe is caused to trickle slowly down the side of the tube into the urine, where it forms the neatest and most clear-cut zone imaginable, if albumin is present; the zone is readily seen by holding the test-tube against a dark background, as the coat-sleeve. To verify the test I take a fresh amount of urine and nearly fill a long, narrow test-tube with it, then bringing it to slightly acid reaction by addition of a drop or two of acetic acid, I hold the tube between the thumb and forefinger and heat the *upper part only* in the alcohol lamp flame. If I have obtained a turbidity with my nitric acid test, and also a turbidity with my heat test, albumin is present. The heat test is more delicate than the nitric acid test; in fact, if nothing is obtained with the nitric acid test it is at least doubtful whether a turbidity with the heat test is of any clinical significance. Some little time must, however, be allowed to elapse after testing before a conclusion that no albumin is present is arrived at. The tubes should be set aside for six hours, and if at the end of that time no turbidity is noticed in either tube, albumin is absent. If there is a turbidity in the heat test tube, which, however, clears up on reheating, albumin is absent. For clinical purposes the heat test is all-sufficient. The physician being provided with citric acid pellets and a test-tube can identify albumin over a candle or lamp flame with all necessary certainty, due attention of course being paid to the usual precautions laid down in all the manuals on urinary analysis.

In Iowa, a State Hospital Association has been incorporated for the purpose of establishing a hospital in connection with the university at Iowa City. Membership is to be secured on payment of $5.00, $300.00 will endow a bed for one year, and $1,000 for the donor's life-time.

FACTS CONCERNING THE EFFECT UPON HEALTH AND NUTRITION OF POISON FOUND IN FOOD.

By C. B. KINYON, M. D.,
ROCK ISLAND, ILL.

(Read before the Illinois Homœopathic Medical Association.)

At the last annual meeting of this Association Dr. R. N. Foster, our present presiding officer, read a paper in which he used these words:

"Organic existence is maintained by one eternal round of nutrition. The first sign of organic life is a mouth seeking to imbibe nutriment. Disease is always accompanied by faulty nutrition, general or local."

I wish to press the same thought a little further. Whatever prevents, or in any way interferes with the process of nutrition, inevitably tends to produce disease. It is my purpose to-day to call your attention to a few of those things which, when introduced into the system have such a tendency.

And it seems to me eminently proper that these considerations should come under the head of this bureau, for it is to be presumed that children, of all others, need a higher intelligence to guide them in the selection of their food, and it is also to be presumed that the physician, of all others, should be prepared to give that guidance.

But I am sorry to say that we are not always prepared to give the proper advice.

I will first report some of my experience bearing on this line of work.

These cases were exceedingly instructive to me in many ways. On the evening of Thanksgiving (Nov., '85) I was called to see the two year old daughter of Rev. P. A. Cool. I found the little girl suffering severely from gastro-enteritis with its usual symptoms, but the most urgent symptoms were vomiting and pain, also great tenesmus.

The attack was controlled in a few days, but she suffered from recurrent attacks quite frequently until the latter part of the spring of '86. From then to June she was quite well. In June the attacks again returned and a boy of eleven years was also similarly affected. As early as July the attacks were almost continuous and more difficult to control.

Both she and the boy complained of feeling tired, with frequent nausea and gastralgia, quite severe head-ache, and at times back-ache, as well as general bone-pains.

During the latter part of August and first of September the father complained of feeling very badly indeed, poor appetite, much head-ache, constant back-ache, restless at night and very tired all the while. All this time I was at a loss to account for the trouble. In vain did we search for some cause in the house, its fixtures or surroundings. Still the trouble increased, with the little girl and eleven year old boy. In Nov. '86 the eldest child, a boy of fifteen, was taken violently ill with gastro-enteritis coupled with what I then called a typhoid tendency.

This latter tendency was very decided for a few days, when the lymphatics about the neck, under the arm, and in the groin began to inflame, followed by marked induration and great tenderness.

Soon seeing that it was useless to attempt resolution, I gave medicine to hasten the process of suppuration, and in due time had the satisfaction of lancing several large abscesses.

From thence his recovery was rapid and permanent, and the permanency is not to be wondered at in the light of future developments. About the latter part of November I was really very much concerned over the condition of the family, but was still inclined to believe that the cause came from without, and, as no clue could be obtained about the habitation, I made special inquiry regarding the diet. Nothing satisfactory was evolved from that source for some days, until in December, when they mentioned the fact that their cow had gone dry all at once, and seemed to be real sick.

Here, at last, was a possible clue, but I was so stupid as not to begin by analyzing the milk, and, in fact, the idea never once occured to me that the milk had been the cause of all the sickness in the family during the last twelve months.

Several competent veterinary surgeons were called in, but no two agreed as to what ailed the cow, and I agreed with none of them. On the contrary, I told them at the time that their diagnosis was not correct, but could give them no idea as to the real trouble. In other words, I simply played the part of the iconoclast, or Bob Ingersolism; could tear down their diagnosis, but could put none in its place. Thus matters stood for nearly four weeks, some saying the cow had consumption, some scrofula, some lung fever, some hydro-

thorax, and some pleuro-pneumonia. By the last of December it was evident to all that the cow could not live long, and by this time I had come to believe that the milk had very much to do with the sickness in the family, and advised the killing and examination of the cow.

On the twenty-ninth of December the cow was killed and thoroughly examined. The abdomen was first opened and all the viscera were found full of firmly packed masses of food in the various stages of digestion. In fact, there had evidently been no regular process of digestion or proper elimination of waste for some weeks.

Throughout the entire cavity the lymphatics were all enlarged and indurated, from the size of a lima bean to a hen's egg. Some of these had already softened, but the most of them were very hard. The liver and spleen were enlarged, and very dark in color, with several abscesses in the substance of the glandular tissue. Both kidneys were enormously enlarged, and in one I counted thirteen abscesses. But the strangest fact is yet to be told.

I did not cut open the brisket or breast bone, but entered the thoracic cavity by cutting through the diaphragm. I expected to find liquid there, but was taken completely by surprise to find 20 to 30 quarts of watery pus having a very putrid odor.

In order to settle in my mind exactly where the sanious pus was located, I passed my hand into the thoracic cavity, through the cut in the diaphragm, without changing the location of any of the organs. I first came in contact with a globular shaped mass, quite firm and hard, with a rough external surface very like a tuberculous lung, and I felt for a moment that we had a case of consumption. After a little more manipulation I succeeded in passing my hand around the entire mass and was able to make out that it was the heart with which we were dealing. It was more than three times its natural size. It measured, after all its cavities were cleaned out, seven by eleven inches in diameter, or, twenty-one by thirty-three inches in circumference. The heart was entirely covered with a pyogenic membrane, a fourth of an inch in thickness. Before all the above particulars had been noted, my fingers came in contact with an unusual substance, floating around loosely in the abcess cavity, and, on bringing it to light, it proved to be a large carpet needle. The whole mystery was now solved. Months, or, perhaps years before, the cow had swallowed that needle. It had passed through the coats of the œsophagus, through the mediastinal tissues, and through the lungs into the pleura and pericardium, where the motion of these tissues was such as to excite inflammation, which culminated in the formation of an abscess. This continued to increase in size, encroaching in the meantime upon the surrounding tissues, and all the while being absorbed by the whole system, and of course large quantities passed into the milk. This was drank freely by all the members of the family, except the mother and infant child, born in June, '86.

There was no longer any doubt as to what had caused all the trouble in this family during the last year, but as to *how* the milk produced such results, is perhaps not so clear. After a thorough canvass of the subject through all the available sources, I have come to a definite conclusion in my own mind as to *how* and *why* the milk produced such results.

It has long been an established fact, which all physiologists agree upon, that the processes of digestion, whether primary, absorptive, or assimilative, are but the results of what are known as the soluble ferments. By soluble ferments is meant, simply, the products of cell life, or, perhaps I had better say, of the life force in the cell form. It is understood that we are now speaking only of those cells, which are parts of those glands, found in the body, which are designed to assist the process of digestion, in its different stages. To be sure, these ferments do not all possess the same qualities. For instance, the glands found in the stomach secrete a fluid rich in pepsin. The pancreas elaborates pancreatine, and so on through the list, each having its place to fill, or rather, its work to do.

These soluble ferments are very different from the organic ferments. The former, (soluble) are but the products of cell life, and perform only the acts of digestion, and are not capable of reproduction, while the organic ferments perform all the acts of complete fermentation, and are capable of continuous and rapid reproduction. In fact, the processes of fermentation, decomposition, and putrefaction, are due to the action of the organic ferments.

The soluble ferments, being produced by the action of their respective glands, are

necessarily limited in their supply, while the organic ferments are produced and reproduced rapidly and indefinitely, as long as the conditions favorable for their growth obtain.

This fact enables them to overcome the action of the solubles, or digestive ferments, and we can thus readily account for the arrested digestion in this animal, and for the gastro-enteritis and faulty digestion, nutrition, and assimilation present in those drinking the milk. So long as the food is of the proper sort, properly prepared, and contains nothing which will prevent or interfere with the action of the soluble ferments, they will digest the food and the person or animal is not conscious of the process.

But if all these conditions are not fulfilled trouble is sure to come in some way, and at some time. In the case of this milk we not only had a foreign substance introduced with the food, which the soluble ferments could not digest, but it actually contained organic ferments, which interfered with the process of digestion by setting up a process of fermentation in the system, thereby generating a poison or poisons, which, being absorbed, was injurious to health, as manifested in those taking the milk, who had necessarily to suffer the consequences, such as severe attacks of gastralgia, much headache and backache, with high fever. All these were but the natural results of the absorption of poisons, and these poisons produced irritation of the lacteal and lymphatic ducts and glands, leading to their marked and troublesome induration. This, in its turn, caused more or less obstruction of the circulation of fluids in them.

There were in my opinion several different kinds of poison present in these cases, but I have thus far had in mind only the products of suppuration or other metamorphosed or disintegrated tissue.

Did time permit I could give you a good deal regarding the treatment pursued in these cases. How I groped about in the field of uncertainty regarding the real trouble. That is, regarding a correct diagnosis, or the pathological changes taking place, but by falling back on our method, prescribing for the symptoms, I was able to do much to relieve the patients.

My main reliance was Bell. 3x. For the acute attacks with Rhus tox, Merc. sol.; or Arsen., when indicated. In the case of the father, I was better satisfied with the action of Quinine mixed with Citrate of iron and Strychnine, one grain of the former to one-tenth of a grain of the latter every two hours.

After the acute attacks were controlled I kept them all under the influence of the Iodide of calcarea 6x. Dose six times a day, for several weeks. At the present time they have so far recovered that we are justified in expecting a complete restoration to health.

There is one other fact connected with these cases which I consider worth mentioning. For several weeks after the cow was killed they were all very careful about their diet, but in March, '87, the little girl took a hearty drink of good milk, and it immediately produced a very severe attack of gastro-enteritis which was with difficulty controlled.

To my mind the explanation of the fact is this. After they had ceased to drink milk the conditions under which the organic ferments had done their mischief were so changed as to materially interfere with their action, and soon suspend it entirely.

When milk was again introduced into the system, even healthy milk, the conditions were again favorable for the organic ferments to begin their work as of old, with corresponding results.

When all of these diseased conditions and disease producing factors are eliminated I shall expect them to take good milk with safety, and not before.

It might be well for me to state that the prime motive which led me to hold an examination of that animal with the mercury at 18° below zero, was to settle definitely whether the family had been drinking tuberculous milk, for there is not the least doubt in my mind but that consumption can be and has been, transmitted to man by drinking the milk of tuberculous cows.

As this statement may be questioned by some it is perhaps best for me to give a few facts tending to establish its truthfulness. First, a word as to the identity of this disease in animals and in man.

Dr. E. Vallin, of Paris, read a paper before the late International Congress of Hygiene, held at the Hague, bearing directly upon this subject.

In the course of this article he states that tubercle is tubercle wherever found. That it is the same thing whether found in animals or in man. That the transmission of pulmonary diseases from animal to man is proven; that the use of slightly cooked meat

or uncooked milk, has been the cause of transmission in some cases. That the bacteria of tubercle can be destroyed by heat, but that a higher degree than is usual in households is necessary to kill the germ. Under the same head I find that a German physiologist, whose name I do not now recall, has very recently been conducting a series of experiments with rabbits, wherein he has shown that, beyond a doubt, pulmonary tuberculosis is a disease which can be communicated through food. His experiments show that, while the gastric juice (soluble ferment) is capable of destroying some kinds of germs, it seems to be powerless to destroy the bacteria of tubercle.

Dr. Gerlach has conveyed consumption to dogs by feeding them either the meat or milk of consumptive cows. See his work entitled "Die Fleischkost," or meat as a food.

Were I not pressed for time I would gladly quote at length from the report of Thos. J. Edge, of Penn., who was sent out by the Governor to inspect pleuro-pneumonia. In this report he also gives attention to the subject of tuberculosis, stating that consumption is fearfully on the increase among cows, and that it is undoubtedly contagious, and is transmissible to man through the meat and milk used as food. He further states that he would far rather have pleuro-pneumonia than tuberculosis in his herd.

In a circular issued by the N. J. State Board of Health you will find an excellent article relating to the symptoms, the causes, the prevention, the treatment and general management of the contagious diseases of animals. In that circular the board has also called attention to the fact that very many physicians consider that several of these diseases are transmissible to man, and consumption is one of the diseases so considered.

The health council of Paris recently, after a careful investigation, requested the authorities to expel all dairy cows from the city of Paris. They found that very many of the five thousand (5,000) cows in the French capital were suffering with consumption, and that human beings frequently contracted the disease from this source. Examination of the milk showed that it contained great numbers of Koch's bacilli. Could not like investigations be made with benefit in the large cities of this country? Especially if we were to judge them all by the report of the sanitary officers of St. Louis, for the year '86. In that report we learn that there are within the limits of that city, three hundred and eighty-six (386) dairies in which are kept seven thousand nine hundred and nine (7,909) cows. In forty-six of these dairies there are very filthy stables, and in nineteen (19) filthy lots were found, and one hundred and fifteen (115) had no pasture or place for exercise at all. One hundred and eight (108) had no provision for drainage, and in fifty the ventilation of the stables was bad. In two hundred and twenty-six (226) of these dairies swill is fed to the cows. In Rock Island the dairy cows are fed freely, if not altogether, on the refuse of malted barley from the breweries of the city, or the refuse corn-meal from the Davenport glucose factory. In the latter case I have repeatedly seen the milk turn the best silver spoons as black as your hat in four hours' time, or less in many cases. This result is due to two causes: To the sulphuric acid used in the manufacture of the glucose and to the corroding of the pipes through which the material passes.

As these cases do not come directly in the line of my paper I will not take the time to elaborate that part of the subject, but allow each of you to draw your own conclusions. To return to the subject of tuberculosis.

According to the *Sanitary Record* we find that M. Norcord presented a communication, at the recent meeting of the French veterinary society, upon the subject of tuberculosis in birds and fowls. He had seen four poultry yards, the fowls of which were infected with this disease. He found that the disease had been been communicated to them by eating carcasses or excrement of animals affected with the disease.

By these facts we are led to the conclusion that tuberculous cows are dangerous in other ways than through their flesh and milk as food. I will cite only one other case under this head, although scores are to be found.

This case is found in the *Medical Record* of Feb. 12th, 1887. It was first reported to some French society by one Dr. De Lamallere. I give the exact words as found in the *Medical Record.*

In a little hamlet of ten cottages, isolated in the midst of a large forest, and always hitherto free from any cases of tuberculosis, a young soldier returned home affected with pulmonary phthisis. His wife also became tuberculous and gave birth to a child which speedily showed evidences of hereditary tuberculosis. Another woman in the same hamlet

presented in her turn, the evidence of pulmonary phthisis. She had had no intercourse with the first cases, but had eaten of eleven chickens which had died in the yard of the soldier's house. The chickens were cooked very little before being eaten. The autopsy of another of the same flock showed tuberculous lesions of the intestines, and the tubercle bacilli were found in great numbers.

These chickens would thus seem to be the means of conveying the specific virus, having themselves become tuberculous from eating the sputa of the affected individuals.

These cases present a four-fold interest as showing, *first*, transmission from man to man. *Second:* hereditary transmission. *Third:* transmission from man to animals. *Fourth:* transmission from animals to man.

On the 25th of January, 1887, Sir James Paget delivered his inaugural before the London Pathological Society. In this address he tried to dispel the notion that there is any antagonism between the science and practice of medicine, and pathology, or pathological science.

He mentioned several cases where the pathologist has been led to make important discoveries in pathology through the facts observed and the work done by skilful and scientific pactitioners of medicine.

He sanctions much of Pasteur's work, and makes special and favorable mention of the very recent admirable discovery of Power and Klein regarding the true source of milk scarlatina. While this discovery is of immense value to science and practical medicine, it is also an excellent illustration of the real advantages arising from the hearty co-operation of the physician and the pathologist.

A detailed account of the introduction and spread of the disease, first in one locality and then in another, and back again, with the various steps by which the facts were established, is to be found in the report of the local government board of England.

You will also find in the Oct. '86 number of the *American Journal of the Medical Sciences*, a very satisfactory report of the disease as it occurs in cows and then in persons by drinking the milk. In the January, 1887, number of the same journal may be found the main features of the report of Mr. W. H. Powers, medical inspector of the health board, and also the further investigation of Dr. Klein, of the relations between the disease as it occurs in the cow and among the people.

This report is so admirable, and withal so convincing, that I would gladly give it in full did space permit. As it is I must be content with a mere outline.

On a dairy farm at Heudon, a suburb of London, the cows are kept in three sheds — "large," "middle," and "small," besides quarantine sheds.

The health officer in that district had, for several years, noted the fact that unusual pains had been taken to keep the farm "sanitarily perfect," as the phrase goes, and during these years the farm had been the pride of the owner as well as of the health officer.

It was first clearly established that if the milk had caused the scarlet fever among its consumers, it had not acquired the ability to do so through any of the usually accepted ways, such as faulty or unwholesome condition of water or drainage, through the careless handling of the milk or milk utensils, or through persons carrying the scarlet fever infection.

The milk from this farm was distributed through four districts, and as I understand the report, furnished all the milk for those districts. Two of these districts were supplied from the large shed. If there was not enough from this shed the supply was made up from one of the other two sheds or from the quarantine sheds. During the latter part of November and the first part of December, 1885, very many cases of scarlet fever occurred in the two districts supplied from the large shed. Attacks again increased about the middle of December. The third district was also attacked about this time.

These dates were found to correspond with the time when newly calved cows were brought from out of the city and placed in the quarantine shed.

The fact was also noted that some of these cows placed in the quarantine sheds on the 15th of November, and also those placed there on the 4th of December were the first to be attacked with the vesicular disease, and it was further noted that scarlet fever continued among the drinkers of their milk throughout the whole epidemic, but the change in the location of the disease was found to have coincided exactly with the change in the places supplied with the milk from the diseased cows.

At the close of the examination, the disease appeared in the fourth district, when upon examination it was found that the vesic-

ular disease had extended to the cows supplying that district also.

With all these facts before him, Dr. Klein, the great bacteriologist and pathologist, began his investigations. He took for his experiments samples of milk, contents of vesicles, and discharges from ulcers of the affected cows; also two affected cows from other parts were purchased and placed at his disposal, at the Brown institution in London, where he conducts his experiments.

It is only necessary, for the purposes of this paper, for me to state that his examinations and experiments were very thorough and exhaustive. He inoculated several calves with the virus taken from the different stages of the disease in the cow, and with virus of different degrees of strength, obtained by several different cultivations, with the general result, that the disease was transmissible in that way, and that the changes produced in the calves inoculated were identical to the changes produced by scarlet fever in man.

These facts were verified by carefully conducted autopsies of several of the calves which died from the inoculations.

In other words, Dr. Klein considers the disease in these cows identical to the scarlet fever of man.

I am sure that as yet, no one will claim to be able to comprehend, or even predict, the possibilities in store for investigators in the line of this special disease, a disease, which at present, the whole world dreads.

AN OBJECTIVE MATERIA MEDICA.

By A. P. BOWMAN, M. D.,

LE MARS, IOWA.

THE question of paramount importance to the homœopath, is, how to gather, quickly and easily, from our voluminous materia medica, the symptoms to cover his case. How often he is compelled to wade through page after page, to find some objective symptom; for the objective symptoms are the ones we are, year in and year out, the most often compelled to use. I do not know how large a percentage of the general practitioner's work is among children under five years of age, but it must be far the larger part. From these little patients, when they are well, how often can we obtain satisfactory answers to our questions, or even obtain a sight at that organ they seem to value so highly, the tongue? And when they are sick, how much lessened are our chances for getting from them answers upon which we can rely, or, indeed, any answers at all? So our resources are limited to what we can see, and what the mother or nurse can tell us, and this is too often of no value whatever; the objective symptoms must tell us what morbific influences are at work, and, at the same time, tell us what remedy or remedies to choose to relieve or cure our patient. Right here comes our dificulty; we have got an obscure case, and the pages of the materia medica must be scanned to find the *similimum*. From all the symptoms must be sifted the objective ones

Now, I did that until I struck upon the plan of taking my materia medica, and, selecting those remedies most used in such cases, going through them and compiling for my own use an *objective materia medica*. I did so. I have worked out several remedies, and am at work during spare hours on others, and the result of my labor is a book which is growing valuable to me.

I don't have to consult a thousand or more symptoms to find a few I am after, and besides the time it saves me to find some objective symptom, I find my knowledge of the materia medica very much increased. One cannot go through a remedy for the purpose of extracting its objective symptoms, comparing, as he goes, one materia medica with another, and not come out vastly improved in his general knowledge of that remedy; and right here, it seems to me, is where so many fail in their study of the materia medica. No one will claim that the study of symptomatology, pure and simple, is an entrancing study, but with an *object* in view, it becomes, if not entrancing, at least interesting. It is work, and hard work at that, but "there is no royal road" to a knowledge of our materia medica; at least, I have not found it.

Let those who have the time — and who of my numerous cross-roads colleagues but could average an hour a day? — take up this plan of work, and my word for it, the end of the year will find them amply paid for their work, in a better knowledge of the materia medica, and a consequent increased success at the bedside of the sick baby.

OBJECTIVE SYMPTOMS OF CHAMOMILLA.

Mind.—Irritable, impatient mood (Anac. Bry., Nux v., Hep. s.); peevishness. (Calc. Phos., Caust., Borax); ill humor (Bry.) Whining restlessness, child wants different things

and refuses them when offered (Bry., Cina.); child cries, quiet only when carried.

Face.—Redness of one cheek, the other one pale (Arn.).

Mouth.—Lips crack and peel. Blisters on and beneath the tongue (which are evidently painful).

Stomach.—Eructations which smell like bad eggs (Agar., Ant. Tart., Arn., Psor., Sep.). Great thirst for cold water (Acon., Ars., Bry.). Nausea, sour vomiting.

Abdomen.— Flatulence in hypochondria; abdomen distended like a drum (Carb. v., Cinch.) and sensitive to touch.

Stool.—Stools white, slimy, with colic; painless *green watery* (Sulp.) hot; *smelling like rotten eggs* (Ascl. t., Calc. carb.); green, watery, corroding, with colic, (Sulp.)

Respiratory Organs.—Paroxysms of coughing about midnight, with which something seems to rise in the throat as if she would suffocate. Severe dry cough during sleep. Wheezing, whistling, and rattling in trachea when breathing (Ant. crud., Ipec.).

Generalities.—Child makes itself stiff and bends backward; kicks when carried; screams immoderately and throws everything off. *Excessive sensitiveness to pain.* Convulsive twitches; convulsions.

Sleep.—Restless sleep; moaning; starting up, crying, tossing about and talking.

Skin.—Unhealthy, every injury suppurates (Borax, Graph., Hep. s., Sil., Sulph.). Red rash on cheeks; severe itching of the sweating parts.

Fever.—Coldness over the whole body, with burning heat of face and *eyes*, and hot breath. Alternations of heat and cold in various parts. Heat in head and face (Acon., Bell.). Profuse sweat on covered parts (Bell.). Perspiration on scalp and forehead.

Aggravation.—In morning; at night; from anger; from cold; from lying down; during sweat; during sleep.

Amelioration.—After sweating; on rising; from motion.

The Century for August opens appropriately with an attractive paper of holiday adventure, having the piquant title of "Snubbin' Through Jersey," the object of which is to report the incidents, mishaps, and delights of a unique vacation trip on a canal-boat. This narrative, which is to be continued in the September number, will revive the memory of the Tile Club papers.

CARDIAC LESIONS AND THEIR RELATION TO PHTHISIS, AND OTHER WASTING DISEASES.

By F. OLIN PEASE, M. D.
MORGAN PARK, ILLS.

(Read before the Illinois Homœopathic Medical Association.)

IN presenting this paper it is my object to report two clinical cases, illustrating the thought embodied in the above title, based on the axiom, "A disturbed circulation is a primary cause of disease."

The point is, may not a derangement of the heart, either functional or organic, be a primary, or a link in the chain of primary causes of phthisis, and other wasting diseases?

Our authorities and text-books have little or nothing to say on this point, and that little would lead us to understand that organic or functional troubles in this great unit of our economy, do not obtain as complications of phthisis, and also that this disease rather tends to protect its victims against cardiac lesions.

Why, I ask, may not a disturbed heart action, either organic or functional, from whatever cause, result in more or less important modifications in the propulsion of the life stream? changing it from the normal health standard to something *not* normal, thus demoralizing the equilibrium of forces? calling on one set of organs (the lungs for instance) to do double duty, or clogging another, as the liver? weakening a function here, forcing another there, and, in short, interfering more or less constantly with the nicety of adjustment of the grand whole, so that there must result molecular disorganization not only in the parenchyma of the lungs (and other organs as well), but also in the blood plasma, giving a fertile soil which not only permits but *invites* development of divers disease germs, let them masquerade in whatever dress the microscope may picture them or in whatever name a Davaine or a Koch may give them?

These morbific principles, changed functions, and retrograde developments, must set in *motion* the ever-widening circles that soon or late will be recognized as the objective and subjective symptoms of, it may be, a phthisis, a rheumatismus, a chlorosis, or degenerative disease of the heart itself.

To illustrate this thought, I submit these cases, necessarily abridging the clinical records.

Case 1. Mrs. M. Brunette, age 22 years. Married — one of eleven children.

Family history.— Grand-parents lived to old age, parents both living, in good health, hard working people. Father given to occasional sprees.

No history of phthisis, heart disease or specific taint.

Has always been healthy, and was well developed; was married in nineteenth year. Two years ago gave birth at full term to healthy child — made good recovery.

In sixth week of nursing her milk suddenly "dried up," the child sickened and died soon after. In the third month after confinement she began losing flesh and appetite; had at times, cough, rheumatic pains, œdema of feet and ankles — later "night sweats."

Was treated at first for rheumatism, later for phthisis. Her menses did not appear nor have they since.

For a year or more she passed through a course of regular old school treatment, declining rapidly until about twelve months ago, when, becoming discouraged, she took home treatment, which consisted of patent cure-alls, etc.

She was examined by her physician nearly a year ago, he giving his opinion that she could live but a few weeks longer. Her right lung was gone and her left one going.

From the first of her troubles had dyspnœa, palpitation, anasarca, and what she calls "sinking spells;" these latter, of late, are becoming more frequent.

Present condition. — Emaciation extreme, anæmia, marked. Eyes sunken, not very bright, lips blue. Feet and hands cold, nails blue. Is confined to her bed most of the day.

Respirations, regular, quiet, twenty-two to the minute. Pulse, 124 to 126, quick, soft and also regular. Temperature 98° F. under tongue and in axilla.

Expression, anxious or hopeless, appears dull and listless.

Bowels, constipated, and have been for months.

Physical examination.— Inspection, very much emaciated. Left chest, respiratory movement quite marked. Mammary gland much atrophied. Supra clavicular region sunken. Infra clavicular space not markedly so. Chest wall on this side rather prominent.

Vocal fremitus marked, vesicular resonance a little exaggerated, and about equally distributed over the whole area from sternum to axillary border of scapula, and from clavicle to free border of ribs; apex beat absent as also cardiac dullness.

By auscultation all sounds are a little exaggerated, but normal in pitch, an occasional rale in bronchus, which a slight cough removes. In usual cardiac region absence of cardiac signs, except a muffled or distant reverberant murmur. Now I call particular attention to condition in the right thorax.

Inspection.— Chest wall flattened almost in a straight line from clavicle to hepatic region. respiratory movement absent. Intercostal and pectoral muscles much atrophied, mammary gland completely so.

Interspaces very wide owing to exceeding tenuity of the ribs, which are much smaller than on the left side, and not more than three eighths inch across. Interspaces 2nd, 3rd, 4th and 5th being fully 1¼ to 1½ inches wide.

Percussion as to lung tissue: complete flatness over entire area of consolidated lung, giving a flat wooden sound. Auscultation, as to lung tissue, nil-bronchial breathing, the sounds being tubular and whistling, or rather amphoric-bronchophony marked.

Here, as to cardiac signs and sounds we have them in abundance, beginning at 3rd interspace to the 6th a marked heaving, tumultuous impulse, most marked in the 4th interspace.

This heaving tumult, which can be *seen* as well as felt or heard, extends from the sternum to the right, three inches, and from the third interspace downward to border of 7th rib. A slight bulging of ribs over this area, the muscles and tissues are much thinned, while the sounds are startlingly loud and unpleasantly *felt* upon the membrana tympani.

There are no valvular murmurs, both sounds being much alike and separate, with another or additional sound of succussion or swishing, which I refer to the aorta or to the pericardium, or both.

I will not take time for the clinical progress of this case, but briefly relate that for seven months, under indicated remedies, nutritious diet and improved hygienic measures, her condition improved very materially, gaining strength and flesh, was able to take almost daily walks or drives, and to do light house work.

Digitalis, Ferrum phos., Arsenicum and Fe. iod. doing good service, while Pb. met., 6 or opi. 200, did well in the constipation. Croton tig. 2x seemed to control the diarrhœas.

The heart lesions made sure progress. The dilatation and hypertrophy made steady progress. On the other hand the condition of the left lung as steadily improved, if the record of occasional physical examinations are to be relied upon, together with freedom from cough and expectoration. Continued quiet and easy respirations, 22 to the minute, (except during those "spells" of dyspnœa.)

In December last, after cruelty and neglect, finally desertion by her dissipated husband, she rapidly went down, and early in January of the present year she succumbed to the inevitable, which in her case was heart disease.

Unfortunately, her family would not permit a post-mortem. It is not the province of this bureau to enter into a discussion of the etiology of cardiac displacements, nor will I give my views of the probable cause of this remarkable dexiocardie, but to maintain that in this case there seems to me to be good evidence that the phthisis was secondary or at least gave way to the cardiac lesion, on the hypothesis that the compensative hypertrophy, improved assimilation and action of exhibited remedies went far to arrest the progress of phthisis, thus prolonging the patient's life.

My 2nd case is soon told. It is that of Wm. M., age 27, who came to me with a history of treatment for phthisis, during the past five years, with periodical attacks of dyspnœa, anasarca, palpitation, etc., has been troubled with these latter symptoms since his base-ball days, twelve years ago.

His health broke down five years ago, since which time he has done little steady work at his trade, that of boiler making.

His condition at time of my first acquaintance was: Emaciation not marked; muscles, in arms especially, pretty well developed; temporal vessels prominent; arcus senilis present; anæmic and feeling much exhausted.

Left lung consolidated, and chest wall flattened in upper two-thirds of area.

Right lung, fair breathing power; resonance slightly exaggerated, but little cough. Periodical attacks of palpitation, quite constant dyspnœa and præcardial anxiety; anasarca marked in both feet and ankles, urine scanty and high colored. Pulse 124, respiration 24 and 26, evening temperature 100½° F.

Hypertrophy of right ventricle, apex beat three inches below and one and a half to left of nipple, impulse heaving in character. Mitral insufficiency. This case responded well for a time to Digitalis, Ferrum phos., later to Arsenicum, and Ars. Iod., the pulse came down to 96 to 100. Eve. temp. 99 to 100, appetite increased, some gain in flesh. From the first he was very hopeless. Only at rare times would he take any exercise, which would not affect the pulse or temperature to any extent. On August 26, after an urgent appeal from myself and a rather determined one from his mother, he got spunky, and that morning deliberately walked about 34 blocks. I was hastily called in the afternoon, and found him in a state of collapse, hippocratic face, pulse 160 and upwards. Respirations about seven or eight to the minute. Temp. 97.8° F. Digitalis in five drop doses, restored him to something like life. From this time to the 31st, evening, he gradually sunk, with a constant cry for Digitalis and the doctor.

Dropsy of extremities increased rapidly during the last forty-eight hours, was conscious for some time after radical pulse was imperceptible.

Did this patient die of heart disease or phthisis?

There were no signs of breaking down of left lung, and he had no pain, cough or expectoration.

In closing I would ask: Are there not many here who can remember cases where patients suffering from cardiac disease have unmistakably been hastened to untimely graves by the supervention of phthisis, or other wasting disease? or, to reverse the query, the heart lesion leading while the phthisis, (as in these cases) being in abeyance, the victim falling under the ruins of an overworked heart?

LEONTIN.

The Active Principle (Glucoside) of Caulophyllum.

By E. M. HALE, M. D.,

CHICAGO.

THE active principle of Caulophyllum, is not the substance usually called Caulophyllin, although the latter probably does contain it. Only lately has the crystalized principle been obtained. It has been discovered and isolated by Lloyd Bros. of Cincinnati, editors and publishers of *Drugs and Medicines of North America*. They call it *Leontin*, after the old name of this plant "Leontice," to distinguish it from Caulophyllin, which is a resinous substance. It is

very much more powerful than the latter, and contains in a concentrated form the antispasmodic and parturient power of the whole plant. For the convenience of the profession Lloyd Bros. have prepared a one-per-cent solution, each dram of which contains $\frac{1}{6}$ of one grain. The dose of this is a teaspoonful, but it can be used in the first or second centesimal dilution.

I suppose from what I can learn of its potency, that one grain represents ten grains of Caulophyllin. It has the great advantage that it is devoid of the bitter, nauseous taste of the latter. It has already been used by Prof. Reamy, of Cincinnati, as an emmenagogue. He finds it active and efficient in one dram doses of the one-per-cent solution. I have used it in two cases with apparently very prompt and happy results:

1. A young lady habitually running a week or two beyond the normal time applied to me for some medicine to regulate her. I gave her Senecin 1x, with no results for a week. After waiting a few days I gave her Leontin, one-per-cent solution. She took a teaspoonful at night. During that night the menses appeared, in usual amount, and painless.

2. A married woman missed her regular period. Not altogether, for she had a sudden flow of an hour or two on the day she should have been unwell. A week after she began to have a dirty, brown discharge, with some heaviness and pains in the back and groins. Sabina 2x and Secale 2x were given until a few days before the next period, but with no benefit. I then gave her Lloyd's one-per-cent solution of Leontin, a teaspoonful every four hours. After the fourth dose expulsive pains came on and she soon expelled a fetus of five weeks. On examination I found a black, disorganized placenta in the cervical canal. On its removal all pain and flowing ceased.

The next number of *Drugs and Medicines* will contain the most complete history and therapeutics of Caulophyllum and Leontin ever published, with clinical observations on both, written by allopathic, eclectic, and homœopathic physicians. This publication of the Lloyds' should have extensive circulation in our school, for it gives complete essays on all our best indigenous medicines.

ST. NICHOLAS for August opens with a beautiful frontispiece, by Mary Hallock Foote, illustrating some bright verses by Edith M. Thomas, entitled "Invitation to Echo."

CEREBRAL THROMBUS.

BY E. C. WILLIAMS, M. D.,

CHICAGO.

(Read before the Illinois Homœopathic Medical Association.)

I BRING for your consideration this afternoon a case of cerebral thrombus which came under my observation during the past winter.

Mrs. B., aged 58, for eight or ten years had been complaining with what she called spinal trouble. Mentally she was very bright. All her life she had been a great reader and had traveled much. She was not what one would call nervous or "fidgety." She never had over-worked that she knew of, unless it was in her reading. Four weeks previous to the first time I saw her she noticed some slight faltering in her speech, and some difficulty in comprehending what was said to her. She would begin on a sentence and some little word would be left out — would not come to her. One week later the right side of the body was slightly numb. This was followed in forty-eight hours by a slight spasm, beginning in the right side of the face and thence extending over the whole body. There was also drooping of the corner of the mouth on the right side. The tactile sense was somewhat diminished. Motion was still good. On protruding the tongue it turned toward the right. "The disc" of the left eye was anæmic, in the right there was passive hyperæmia. Four days later there was a marked general spasm; two days after this a very slight spasm. The tongue on protrusion turned more markedly to the right. The mental state was failing rapidly. Motion was rapidly being lost. The urine passed without volition; on the next day there was no control over the bowels. On the day following she was drowsy, and noticed nothing that was going on about her; if spoken to very loudly would rouse up a very little. On the next day she was comatose; occasionally moved her hand, also urinated and had slight stool, which was hard and almost black.

The probable prognosis was that she would die in from forty-eight to seventy-two hours. However, we placed her in as comfortable position as possible, with her head rather low. As the blood pressure was very low, mild stimulants, as egg-nog and small doses of brandy, were given, with the hope that they would assist in establishing collateral circulation. The bowels becoming inactive a mild cathartic was given. The nutrition

was kept up by milk, eggs, beef peptonoids, etc. In about forty-eight hours there seemed to be a change for the better — there was a little more motion, and the coma was not so profound, but there was not much change. In the next twenty-four hours the coma entirely passed away, and there was a return to consciousness, although but very little motion. In the next two or three days she continued gaining — her mental faculties becoming brighter, and motion better. In two weeks from this time she was almost entirely recovered, and since that time has been better than she was for years before the attack.

CANCER OF THE BREAST—A CLINICAL CASE.

By CHAS. M. KOIER, M. D.,
CHICAGO.

(Read before the Illinois Homœopathic Medical Association.)

A YOUNG LADY of good general health, aged twenty, came to my office and related the following history: Some months previous she had consulted very able allopathic physicians, amongst them Dr. Christian Fenger, for a trouble affecting the left mammary gland. The physicians referred to pronounced it malignant, and decided to remove the breast. The operation was performed by Dr. Fenger in a very skilful manner, after which the wound healed kindly, and now presents a well-defined cicatrix.

All things seemed to be going along well when, to her surprise and fear, a similar trouble appeared in the right gland.

Consulting Dr. Fenger and others again, they advised a similar course of treatment, namely, removal by the knife. As a matter of course she was extremely desirous of preserving the breast if possible, and was advised to consult me.

I examined the case carefully, concluded from its history and present symptoms that my eminent predecessors in the case were correct in their diagnosis. But I did not advise removal as urged by them.

Finding, upon examination, an unusual amount of trouble in the lower bowel, I decided to put that in order first, and see what effect it would have in reducing the enlargement and induration already so plainly marked. Assisted by Dr. Howard Crutcher and others, I operated on a Tuesday morning, early in the month of March.

Pockets and papillæ in abundance were removed, the sphincters thoroughly dilated, and the lady placed on Conium and Phytolacca, also some of the latter remedies as a local application. This was on Tuesday, and by Friday there was absolutely no induration to be felt, the pain was gone, and the patient feeling better than she had in months.

Some time has now elapsed since the operation, and repeated examinations fail to reveal the slightest trace of anything mischievous remaining.

Was this really a case of cancer? No doubt of it was expressed by the very able and competent medical gentlemen who preceded me in the case.

And now is the case really cured? This is the expressed opinion of these same gentlemen, who have examined the lady since operation.

It is entirely certain that they would not give any undue credit to a homœopath, and it is equally certain that if the lady were not in apparently perfect health, every ailment would likely be magnified into a threatened return of the trouble. At present there is nothing further to do, her health being as nearly normal as is generally our lot to encounter. Had she remained in the hands of her former physicians, both breasts would now be gone, and it is a question if she herself would be among the living.

What cured this case? Conium and Phytolacca have a reputation for softening indurated breasts, but these remedies had been given two weeks before the operation, with no effect. I claim that orificial surgery did the work; or, at least, gave the remedies a chance to act. I will leave this matter for the Association to discuss.

POWDER MARKS.

By T. J. MERRYMAN, M. D.,
CHAMPAIGN, ILL.

(Read before the Illinois Homœopathic Medical Association.)

WE frequently see persons whose faces are very badly disfigured by powder-stains which have resulted from powder having been accidently blown into the skin, and allowed to remain there, or at least same particles of it, sufficient to discolor the integument, and leave the person disfigured for life. Whether or not this sad result can always be prevented I will not undertake to affirm, but simply relate a case from my practice in which such results did not follow.

W. L. T., a student at the State University here, had powder blown into his face by the premature discharge of a cartridge while loading his gun. The epidermis was not badly lacerated, but here and there particles of powder were imbedded into it in such a way as to be difficult to remove, and the finer particles impossible to be seen with the naked eye. With my magnifying glass in my left hand, I carefully searched out not only the particles of powder but the dust thereof, and at the same time removing them with a sharp-pointed bistoury or a piece of soft white cloth; thereby freeing the wounds from all traces of powder or foreign substances, which I could not have done without the aid of the magnifying glass.

By the aid of an occasional application of Cocaine, the patient willingly endured the tedious operation, which required about three hours of continuous careful labor, and when the face had healed we were both highly gratified to find that the skin was free from marks and stains as before the occurrence of the accident.

SELECTIONS.

Hegar's Sign.

VERY frequently the gynecologist is called upon to ecide whether pregnancy has taken place. Perhaps in a case that has been under his professional care a short time, he finds it necessary before going farther to determine pregnancy. This was to me formerly a very difficult thing to do in the early weeks, until I got hold of Hegar's sign of early pregnancy. Now I approach all such cases with more confidence in ability to determine truly as early as the fifth or sixth week, whether pregancy has taken place. When the tip of my index finger has passed around the cervix, and I feel that "the body of the uterus bellies out over the cervix in all the transverse diameters, in particular antero-posteriorly, and the organ, instead of being pear-shaped, resembles very much an old fashioned, fat-bellied jug," I am quite sure that pregnancy has begun. So often have I verified Hegar's sign that I am now convinced that it can be relied upon to dispel doubts of pregnancy when all other signs have failed to give satisfaction. —*Dr. Campbell in S. J. Homœopathy.*

Salpingitis.

Martin reports the results of his observatons in two hundred and eighty-seven cases of diseased Fallopian tubes. In over one-half of the number the inflammation began in and extended directly from the uterus; twenty-five per cent were of puerperal origin; five-sixths were due to gonorrhœal infection, and one-sixth to tuberculosis. The left tube alone was affected in one hundred and thirty-eight cases, the right alone in fifty-eight, and both in ninety-one. The entrance of micro-organisms of puerperal sepsis, gonorrhœa, tuberculosis, or actinomycosis is followed by suppuration. The prognosis is not so gloomy as it has been represented: the inflammation may subside and a perfect cure follow, so that the patient subsequently becomes pregnant. If palliative treatment fails and the symptoms are very severe, an operation is justifiable.—*Arch. Gynæcology.*

Hot Fomentations.

Hot water is a very potent adjuvant in the treatment of many of the ailments of pregnant women, even when those ailments are of a serious nature. Of the *hot fomentation* a well-known writer truly says: "It is rare to find acute suffering where it is not indicated. It alleviates neuralgia and rheumatic pains, relieves colic and flatulence. Thoroughly applied in the incipient stages of acute enteritis, gastritis, cystitis, etc., the disease may be arrested and the doctor cheated out of his visit." In using hot fomentations the following precautions are necessary, especially if they are moist: the clothes of the patient and the bed clothes must be kept dry; the fomentations, if applied *hot*, must be kept hot while they remain on, and when they are removed, the surface must be dried and warm flannels applied instead. A piece of oil-cloth or water-proof is a good substitute for oil-silk for use in keeping everything about the patient dry. The nurse and other attendants of the sick often execrate the doctor for prescribing hot compresses from clothes wrung out of hot water, because of burned hands, etc.; this can be avoided by giving the following directions: Have a folded newspaper placed upon a hot stove, and between the folds of it place the flannel for the compress wrung out of tepid water, folded the proper size, and in a few minutes it will be steaming hot and can be handled with a cold

cloth and applied much hotter than in any other way. Another compress should be prepared in the same way to replace the first when it becomes too cool. — *Dr. Kimball in S. J. Homœopathy.*

Housemaid's Knee Cured by Electrolysis.

Charles S. ——, age 16, and a boot-black, came to me with a soft and fluctuating swelling, hemispherical in shape, unaccompanied by discoloration of the skin, and enlargement of the subcutaneous veins. There was some soreness, caused from over-exertion at his work. It had been diagnosed as a "venous tumor," but the absence of the bluish color and no pain through the femoro-tibial articulation, and not being partly effaceable under pressure, and no hypertrophied and varicose veins, led me to decide it a housemaid's knee. I decided to perform electrolysis upon it, and I did. I inserted three needles (*negative pole*), and the *positive* pole was placed on the calf of the leg. The current was turned on, and kept on for eight minutes. The boy was the whole support of the family, and could not remain in bed. The operation was repeated in six days, and every sixth day for five weeks. The tumor entirely disappeared, and the knee is as good as the other one, to-day. The great advantage of the treatment in this case was, that he did not have to quit his work (though he did not kneel down), and was not confined to his bed. Then the pain was not so bad as if it had been cut, and the cure is perfect.

Oxygenation in Croup as a Substitute for Tracheotomy.

Having a case in which the parents refused to have tracheotomy performed, I was forced to cast about for other means of relief. Intubation not having been advocated at that time, I resolved to furnish the required amount of respirable air by generating oxygen. Conducting the current of oxygen beneath a cone placed over the child's face, I was soon gratified by seeing him fall alseep.

This and two other successful cases, with one reported to me by my friend, Dr. J. B. Greene, is the extent of my observation; but from the fact that the object of tracheotomy and intubation is to furnish oxygen to the blood, the direct application of pure oxygen seems to me to be worthy a more extended trial. The relief afforded seems to be about the same; perhaps a little more rapid than in tracheotomy. I think the method has these advantages; the membrane cannot extend below the incision, and thus render the operation useless; it does not cause broncho-pneumonia, as intubation sometimes does; and all physicians are not prepared to tracheotomize or intubate, while any one can generate oxygen and apply it. Also oxygen seems to lend more strength to cast off the membrane, and the trachea is not encumbered by a tube or a false outlet for expulsory air from the lungs. — *Br. Med. J.* — *The Analectic.*

Two Deaths from Antipyrine.

In the *Medical Brief*, Dr. Henderson relates two fatal cases of poisoning from Antipyrine.

A girl ten years of age was first seen on October 7th, and was found to be suffering from remittent malarial fever, having a temperature of 102° F. About three grains of Antipyrine were given, and Sulphate of quinine was ordered for the next day. On the 13th, tincture of Nux vomica was ordered to be given, in three-drop doses, three times a day. She was seen again, two days later, and was found to be doing well, although she had been restless at night. The temperature was 102° F. Thirty grains of Antipyrine were ordered to be given, in two doses, at two hours' interval, A few hours later the uncle of the patient called, and asked what had been left for the child to take. He was told what the drug was, and said: "Well, sir, it killed her in fifteen minutes." Dr. Henderson went with him, and found his patient really dead. He was informed that the medicine had caused an intense burning in the throat and stomach, and that the patient had vomited a watery fluid, then fainted, and was dead. There were no convulsions nor anything to indicate that Nux vomica had caused the death. The family said that the child had at times complained of palpitation of the heart, and they all thought she died from heart disease. This was also the conclusion of the writer, but it was modified considerably by the occurrence of a second similar case. — *The Analectic.*

The Latest Method of Embalming.

The latest method, and one which is growing into popular favor, is electro-plating. It is the application of a perfectly even metallic coating to the surface of the body itself by

the same process as that which produces an electrotype plate. The method is briefly this: The body is washed with alcohol, and sprinkled over with fine graphite powder, to ensure the perfect conduction of electricity. It is then placed in a bath of metallic solution containing a piece of the metal to be used. To this is attached the positive pole of a strong battery; the negative pole is applied to the corpse, and a fine film of metal at once begins to cover the body perfectly and evenly. This may be kept up until the coating attains any desired thickness. To this process there would seem to be no valid objection. In effect it transforms the corpse into a beautiful statue — form, feature, and even expression being perfectly preserved. The body being hermetically sealed within its metal inclosure, merely dries up and assumes the aspect of a mummy. This method obviates many objections which have been urged against cremation, and at the same time meets the wishes of those whose sentiment, if nothing else, inclines them to favor the ordinary way of burial. The feeling of desecration of the human form divine, which its reduction to a handful of ashes causes to many people, is entirely done away with, as no rude hand is laid upon the once loved form. No change is brought about in appearance, except that face and figure are covered with a shining veil, through which the familiar lineaments appear with all their well-remembered characteristics and expression.

Ovarian Abscess and Pyosalpinx.

The author considers that it is a mistake to call the ovaries and tubes uterine appendages. It would harmonize better with modern physiology and pathology to call the uterus an ovarian appendage. The tubes may become infected from the ovary or from the uterus. Menstrual discharge is not found in healthy tubes, ovarian hemorrhage being always pathological and leading probably to tubal disease. In hematosalpinx there is always distension; the coats of the tube may be thin and transparent, or the muscular coat may become greatly hypertrophied. The distension results from matting together of the fimbriæ and closure of the uterine opening of the tube. The large proportion of tubes distended by blood results in pelvic hematocele. If the ostium uterinum be open, cure may be effected without operation.

Hydrosalpinx.—The tubes are closed at both ends, and contain from one to five ounces of thin sero-albuminous fluid which rarely coagulates on standing. The mucous and muscular coats of the tube become nearly obliterated. The pain from serous distension is great, and Imlach has operated for this condition twelve times without a death.

Pyosalpinx.— The acute form Imlach has never met with at operation, although he has seen it post-mortem. The chronic form has many varieties. If the tubes are not occluded they feel like thick cords, and contain a few drops of pus or muco-pus. Sometimes the tubes feel as if two or three beans were contained within them; these are thickened and dilated chambers containing thick pus or dark-brown blood. The infundibulum may be distended with pus, the uterine half being simply somewhat thickened, or the entire tube may be filled with putrid pus.

Ovaries.— Both tubes may be distended with pus or other fluid, and yet the ovaries show little or no sign of disease. Inflammation of the ovary consists in the pathology of its cysts. Oöphoritis may exist without disease of the tubes. Both hypertrophy and atrophy of the ovaries are found. When the physiological cysts of the ovary contain a drachm or more of dark fluid blood, or a more or less disintegrated corpus luteum floating in blood, the ovary may be termed hematocystic. This condition is found in hematocele and with pyosalpinx. In a hydrocystic ovary the Graafian follicles have become large watery cysts. This condition results from prolonged lactation and poor food, and may be cured by rest and good feeding. Pyocystic ovaries contain from a few drops to an ounce or so of pus or a mixture of blood and pus. The tubes may be simply congested, but usually they are thickened and purulent.

Sooner or later, general or local peritonitis is set up by over-flow of the tubal contents into the peritoneal cavity.—*Archives of Gynæcology.*

Antipyrine in Typhoid Fever.

The following experience in the use of antipyrine is of little interest to homœopathic physicians, except as another example of the therapeutic floundering of the "rational" school.

While in the capacity of junior assistant

physician in Roosevelt Hospital, I had occasion to observe, during the summer and autumn of 1885, various undesirable phenomena following the administration of Antipyrine. After a dose of the drug, the temperature fell, but the patient felt no better for it. The tongue remained dry, the pulse was weakened, annoying vomiting would set in, occasionally the patient would be seized with a severe rigor, again profuse sweating would follow, and a condition approaching collapse was often reached, not to mention the Antipyrine eruption, which was a source of grave apprehension to the patient's friends. Still further, I have noticed that the temperature soon becomes accustomed, so to speak, to Antipyrine; and, although the first dose is followed by a marked decrease in the fever, subsequent doses are not attended with an equal success. Then, again, in some cases, the drug is given just when the fever is undergoing its natural diurnal remission, and then all it accomplishes is to accelerate this process and render the remission greater. The course of the fever is certainly not shortened by Antipyrine. On the other hand, after the bath the patient felt much better; he was brighter, he called for food, and fell asleep to awake much refreshed, with moist tongue, cool skin, and good heart action. I have seen cases where all the signs of hypostatic congestion of the lungs have cleared up after the use of the cold bath.

In eight cases Antipyrine was given to lower the temperature. From forty to sixty grains, with half an ounce of Whisky, were given per rectum whenever the thermometer registered 104.4° F. In three of the cases vomiting was noticed. In one, severe chills and profuse sweating followed the administration. In all the cases the perspiration was so free that the patient's clothing was soaked through. One patient expressed himself as feeling much worse after the fall in the temperature had taken place. In the same patient the temperature fell from 106.4° to 100° in the course of an hour.

In one case no reduction of temperature followed the administration of Antipyrine. Two cases in which the drug was used proved fatal.

Antifebrine was given in three cases. All the patients sweat profusely, and, in all, the pulse was decidedly weakened. In one case, which went on to a fatal termination (peritonitis case), there were marked prostration, cold bodily surface, copious perspiration, feeble pulse, and vomiting after the drug was taken. Three doses were given in two days; the first dose of five grains, and the remaining two of two grains and a half. After the five-grain dose the temperature fell from 105° to 99.8° in four hours.—*Dr. Burnaga in N. Y. Med. Jour.*

Treatment of Puerperal Sepsis.

The most important means of preventing puerperal sepsis is by the most stringent disinfection of hands and instruments before delivery, by which the protective measures after labor are rendered much less needful.

Cleansing of the vulva before labor is important, but vaginal irrigation is requisite only in protracted labor, or where other procedures are required.

After delivery all large lacerations are closed with sutures; small ones covered with iodoform.

Vaginal irrigation after normal labor is not needed, and it is wrong to use the uterine douche, except where the hand or instruments have been introduced into the cavity, and it is indispensable where putrescent fragments remain.

We regard it as established that perfect rest best promotes healing of any injury of the genitalia, and to secure this do not resort to vaginal douche after delivery without obvious reasons therefor.

Forster, of Amsterdam, says: "The only solution which served without fail to rid the fingers of micro-organisms was the 1 to 1000 solution of corrosive sublimate."

The condition of a patient has a leading role in the development of septic poisoning, the nearer a patient's health approaches the normal standard, the less need of antiseptics

Beckelmann, of the Berlin Clinic, says that disinfection of the accoucheur becomes more and more important and disinfection of the parturient woman correspondingly restricted. Disinfection of the hands is made with sublimate solution, 1 to 1000; that of instruments, 5 per cent carbolic acid.

Schultze (Jena) reports supra-vaginal amputation of the uterus because of septic conditions, five days after premature delivery at seventh month, where placenta could not be removed. Recovery took place.

Dr Milne Murray says, water at temperature of 105° to 115° F., applied directly to the uterus causes an immediate and prolonged

tetanus lasting from five to thirty minutes; this is accompanied by a simultaneous contraction of small blood vessels. The application of water at 32° to 42° F., after 30 to 70 seconds is followed by a slowly developing tetanus, which continues for a much shorter period than that produced by warm water, and is less intense; the blood vessels contract and blanching occurs, but is almost immediately followed by violent reactionary congestion. The tetanus can be immediately reproduced by application of hot water, but only after a distinct interval by cold water.

No such tetanus can be produced by the Faradic current, however strong; any contractions produced by this agent are slight compared with those produced by either hot or cold water and invariably cease with the application of the stimulus.

Wyder, of Berlin, advises, in placenta prævia, continued version by introducing the hand into the vagina and the finger in the cervix, boring through the placenta, if need be, and aided by the external hand, to perform version. By this method the introduction of a tampon and consequent loss of time and danger of septic infection are avoided, and the bleeding is promptly checked.

Dr. Fordyce Barker has just published an elaborate essay controverting the almost universal belief that anæsthetics during labor increases the liability to post partum hemorrhage. He claims that used to a limited degree they prevent exhaustion and thereby preserve power to shorten labor, and do not promote the tendency to hemorrhage.

And Schroeder's recent statements that during the expulsive period slight narcosis diminishes pain and increases expulsive effort, the later effect on the woman is nil, but when the narcosis is long continued, the child is likely to be asphyxiated.

Fischell applied 4 per cent ointment of cocaine to the upper part of the vagina and cervix during dilatation, and to the ostium vaginæ and perineum during expulsive effort, in 15 cases; good results were manifest in 13, in some of them pain being prevented for twenty minutes.

Leopold reports five cases Sänger's modification and three Porro's, all successful, not previously reported, for contracted pelvis, myoma and carcinoma.

Skutsch reports one successful case; for the tympanites, not due to peritonitis, he recommends puncture of the distended intestine, which he has frequently done without evil results.

Credé reports two more Sänger's method, which aggregate six successful cases by him at Leipzig.

As to the best method of operating, the consensus of opinion is tending to the old method performed with all the modern attention to detail, reserving the Porro for special cases.

Sänger believes that gonorrhœal infection is often the predisposing cause of puerperal diseases, peritonitis, etc.

Esselschaft of Munich, Runge and Schauta, in treatment of puerperal fever, discard all internal antipyretics, rely on cold baths, alcohol and nourishment.—*Archives of Gynæcology.*

THE SANITARIUM OF THE FUTURE.

Yellowstone National Park as a Resort for Invalids.

ANY physician who sets out from Chicago to visit Yellowstone National Park, on traveling through Illinois on the Rock Island Railway — the "Albert Lea" route to Minneapolis and St. Paul — will be apt to think that all the presidents and ex-presidents of the Illinois Homœopathic Medical Association must live on the line of this road. Nor is this to be wondered at when one views the rich country and picturesque scenery from the palace cars of this favorite line. In Chicago, of course, the ex-presidents may be numbered by the score. Forty miles out — at Joliet — lives Dr. M. B. Campbell, who graced the chair two years ago. Forty-four miles beyond — at Ottawa — is Dr. H. M. Bascom, who, at last year's meeting showed himself to be a model presiding officer. Lastly, at Rock Island, we find the president-elect, Dr. C. B. Kinyon, who will wield the gavel next year in Chicago. After crossing the Mississippi and reaching Davenport, we are in Iowa, the land of Cowperthwaite, who has so lately had bestowed upon him the presidency of our National Association. In passing through Waterloo, we recollect that it is the home of W. H. Banton, one of our first *internes* in Cook County Hospital. Dr. Banton is said to be doing all the surgery in Waterloo and the region roundabout.

The "Albert Lea" train lands its passen-

gers in Minneapolis at 7:30 in the morning, giving them the entire day in which to visit the falls of Minnehaha, and lake Minnetonka, — the "Lake George" of the West — before resuming travel on the Northern Pacific train — leaving at 4:30 p. m. — bound for the great sanitarium of the future — Yellowstone National Park.

The Northern Pacific — the only dining-car line to the Pacific coast — for the summer season is the favorite route with those who seek comfort and luxury in travel.

After leaving the twin cities of the Northwest, the Northern Pacific train bears one through good lands and "Bad Lands," over plains and past mountain ranges, to the gateway of the Park. Soon after entering this enchanted land, the wonders and beauties begin. Nowhere else in America — or, for that matter, in the world — is there so great a variety of natural objects to excite interest and admiration. Here nature has been most lavish. "The heavens above, the earth below, and the waters underneath the earth," have combined, with excess of prodigality, to bestow upon this wonderful land the rarest products of their handiwork.

Think of a single park, walled in by snow-capped mountains, in which may be seen snow-white terraces, and cliffs of jet-black glass; hot springs and cold springs; mountain streams and silvery cascades; paint-pots and geysers; lakes and islands; rivers, waterfalls, and canyons, all of most exquisite beauty of color and form.

But while this region is now being visited by tourists from all parts of the world, to the members of the medical profession it must possess an interest beyond that which is indulged by the mere pleasure-seeker. It is not too much to say that it will, in the future, become the greatest sanitarium of this country. It certainly possesses every advantage to make it so. Its hot springs rival those of Arkansas or Las Vegas, and all the benefit to be derived from hot bathing may here be obtained.

It seems as if every mineral spring in the known world must have a representative in the Yellowstone Park. The white sulphur springs of Virginia, the soda springs of Colorado, and all the springs of Saratoga here have their counterpart. There are iron springs, magnesian springs, soda springs, sulphur springs, and springs with every combination of minerals that ingenuity could suggest. No analyses of these waters have yet been made, but the members of the U. S. Geological Survey, now in the Park, will soon make good this want, after which comparisons may be made with similar springs whose virtues have already been determined.

The climate of this region is dry and invigorating. During the summer season, pulmonary invalids would undoubtedly receive much benefit from its bracing mountain air. The nights are cool, permitting refreshing sleep. The days are clear and sunshiny, and there is every inducement to indulge in mountain climbing, a mode of exercise so beneficial in this class of cases.

The railway service, to reach the Park, is of the best in the country. The hotels are well kept, and afford excellent accommodations. Whether for the invalid, the pleasure-seeker, or for the doctor himself, in taking his annual vacation, there can be no more health-giving, no more interesting or delightful place in which to spend the summer, than in this great sanitarium and nature's wonderland — the Yellowstone National Park.

CORRESPONDENCE.

Central Music Hall,
Chicago, Aug. 1st, 1887.

To the Medical Profession:

The Philosophy of Orificial Surgery, in spite of all forms of opposition — from the commendable conservatism of some, to a contemptible exhibition of bigotry and jealousy on the part of others — has won its right to recognition, and enlisted the interest and attention of hundreds of physicians. Since it is difficult, from mere description, for some to gain a proper understanding of the system, a great many have already visited Chicago for the purpose of obtaining clinical instruction. Being wholly unable to supply the demand when physicians come singly, I am compelled to meet them in classes, and I invite those who are interested in the matter to meet me in that way.

The first class will meet on the 5th of September, to be in session one week. Lectures will be given daily in the amphitheatre of the Chicago Homœopathic College, beginning at 10:30 a. m. Each lecture will be followed by clinical illustrations. This will enable those present to listen to a discussion of the

entire philosophy, including the conditions to be treated, the method of treatment, the complications liable to ensue, the effects to be expected, the subsequent treatment to be followed, and to witness the practical application of the work.

Attending physicians are invited to bring with them whatever clinical material they can, being allowed to operate upon the cases if they so desire.

Fraternally yours,

E. H. PRATT, M. D.

Detroit Again.

Detroit, June 28th, 1886.

Editor of The Medical Era:—

The item appearing in your last issue stating that this city is in need of a "competent eye and ear specialist," is misleading, in that it would infer that there was no one here. Such is not the case. Dr. D. J. McGuire has been for years the recognized specialist of our school, both in this city and State. Since his illness, Dr. C. F. Sterling, late Professor of Ophthalmology in the Homœopathic College, N. Y., has been associated with him, and is now filling Dr. McGuire's chair atthe University.

That Dr. Sterling is acceptable to the profession both in the city and state is attested by his rapidly growing business and the general satisfaction expressed by physicians who have had occasion to send him patients. I am informed that the faculty and students of the University have both expressed their appreciation. In fact, he is regarded as an acquisition to the profession throughout the State.

That there is, however, a good opening, one of the best in the United States, for a first-class throat and lung specialist, there can be no doubt.

I have written this for two reasons;—first, that no one may be misled; and secondly, in justice to Dr. Sterling.

Yours truly,

C. A. WALSH, M. D.

Vaccination.

To the Editor of The Medical Era:—

During the meeting lately held in Omaha, an admirable paper on vaccination was read by a prominent physician of Cincinnati, Ohio, abounding in statistical figures to show the absurdity of vaccination, and the ignorance or infatuation of those who believe in or practice it now.

The paper showed a great amount of research among hospital reports and mortality tables, and a great amount of careful discrimination as to what the writer would use in his paper.

The professor used statistics; why may not others?

In England, prior to compulsory vaccination, the death rate from small-pox was 305 per million; afterwards, when more attention was given to vaccination, the rate was reduced to 223; still later, when vaccination became obligatory, it fell to 156 per million.

During three years in the Homerton small-pox hospital, from 1871 to 1874, the death percentage of unvaccinated persons was 37.8; of vaccinated, 8.6.

In another foreign state, before vaccination, the annual death rate was 2,050 per million; after, 158 annually.

In Berlin, before, 3,422; after, 176 per million.

A report of the Highgate small-pox hospital shows that of unvaccinated ones who took small-pox, one in every three died; of those who were vaccinated, one in fifteen died. It was also reported that the protective power of vaccination was shown to be in proportion to the number of cicatrices upon the individual; the greater the number the greater the immunity.

Mr. Marson, of the vaccination hospital, says: "For thirty years we have vaccinated all the nurses and servants who have not had small-pox, and not one contracted the disease."

Reports of the London small-pox hospital, show that in the unvaccinated the disease runs an unmodified course in ninety-seven per cent of cases; in vaccinated cases, twenty-seven per cent.

The experience of my colleague, Dr. J. H. Light, shows that in his experience as surgeon on the Santa Fe R. R. in New Mexico during an outbreak of small-pox, forty-three per cent of the unvaccinated died, while the vaccinated, under the same treatment at the same time gave a mortality of eight per cent. He also found that when the vaccinated took the disease, it always showed a milder form. The Pueblo Indians, who would not be vaccinated, died in frightful numbers during this epidemic.

Respectfully,

H. A. WARD, M. D.

COLLEGE NEWS.

San Francisco.

In the treatment of whooping-cough, Prof. Eckel finds that the majority of ordinary cases are controlled and brought to an early termination by Corallium rubrum and Drosera; but in the worst cases he finds a most valuable and much neglected remedy in Stibium sulphuratum and it should not be given low.

In eclampsia infantum, the Professor warns the student to note carefully, after the convulsions are controlled, the condition of the little patient, if the pulse and temperature are normal, and if the pupil reacts under the stimulus of light. Should the conditions be otherwise, he may know that the child is not cured, and the convulsions may be renewed at any moment.

Prof. Eckel ridicules the idea that dentition is so prominent a cause of eclampsia as many authors would have us believe, and, in practice, finds it very rare except in children of marked spasmodic tendency; therefore, in most cases, lancing the gums is simply barbarous!

In a lecture on Thuja occidentalis, Prof. Bœricke cites a case as illustrative of the power of the anti-sycotics in obstinate and obscure cases. A beautiful little girl was brought to him suffering from chronic diarrhœa. She had been under homœopathic treatment for over a year, without relief. He gave her Psorinum 30x, which stopped the diarrhœa; but, to his horror, on her face and over her entire body appeared large condylomatous excrescences. Under the influence of Thuja 200 they gradually and completely disappeared, leaving the child *radically* cured.

Prof. Bayne, in his lecture on "Dentistry as Related to Medicine," most emphatically emphasizes the value of a *single tooth*, not only individually but as preserving the proper relations of one tooth to another in the upper and lower arches. Great care should be exercised that the six-year-old molar, which is apt to decay soon after eruption, be preserved at least until the time for the eruption of the twelve-year molar, which will gradually fall into the vacancy left by the first molar.

In the local treatment of odontalgia, the best method is to dry the mouth, and place in the cavity upon the sensitive and aching pulp, a pledget of cotton saturated in

℞. Pulv. Alumnus ℥ii,
Ether Nitrici ℥iii;

or ℞. Chloral Hydrate ℥iii,
Aqua Destil. ℥i.

Bromidia.

Battle & Company, Chemists' Corporation of St. Louis, have secured a perpetual injunction, in the U. S. Circuit Court, against a New York party who published a formula for what he called "Bromidio." This formula cannot legally be published, unless it is stated in connection with it that the preparation covered by the receipt is *put up and sold by Battle & Co., of St. Louis, under the trade mark "Bromidia."*

After a firm has made goods under a trade mark as long as Battle & Co. have this one, it is only right that they should be protected in the use of it.

A High Endorsement.

Prof. Sidney Ringer, of London, in the latest edition of his *Handbook of Therapeutics*, says:

"It is useful in the case of children suffering from diarrhœa, and who pass curdy stools, to cut off all forms of milk—even mother's milk.

"Some doctors advise giving cream, with barley-water, but in my experience the food generally disagrees. Indeed, I generally find it useful in all forms of children's diarrhœa to abstain from milk and to give instead barley-water and real broth or chicken broth, or, *best of all, Nestle's Food, which I find the best of all food for children with great delicacy of the stomach and intestines.*"

No name is better known in the profession than that of Sidney Ringer, Professor of Principles and Practice of Medicine, University College, and Physician to University College Hospital. An endorsement of Nestle's Food coming from so high an authority should recommend it to the confidence of all physicians.

A New Stethoscope.—Dr. P. W. Soule, of Warsaw, Mass., has invented a new stethoscope, which possesses many points of advantage. It is self-retaining on the patient's chest, and has flexible tubes connected with the ear-pieces. It is superior to others in transmission of thoracic sounds, exclusion of extraneous noises, auscultatory percussion, examination of children, ease afforded the patient, and convenience to the physician. It has the indorsement of Drs. Clapp, Dowling, Goodno, and others. Send to the above address for a circular.

BOOK REVIEWS.

A System of Gynecology. By American Authors. Edited by Matthew D. Mann, A. M., M. D., Professor of Obstetrics and Gynecology in the Medical Department of the University of Buffalo, N. Y. Volume I. Illustrated with three colored Plates and two hundred and one Engravings on Wood. Philadelphia: Lea Brothers & Co. 1887.

The first thing that strikes one on opening this book is the fact that the editor has abandoned the use of the diphthong in the spelling of *gynecology*, an example that it would be well for all writers to follow.

American physicians have been the pioneers in the department of gynecology, and have contributed more than those of any other country to its development. It is eminently appropriate that *A System of Gynecology* should have been written by those who have been fellow-workers with Sims, McDowell, Battey, Atlee, Emmet, Peaslee, Thomas and others who have made American medicine famous.

The contributors to the present volume are Drs. Henry C. Coe, Henry J. Garrigues, Egbert H. Grandin, A. D. Rockwell, and W. Gill Wylie, of New York; Ely Van De Warker, of Syracuse; Matthew D. Mann, of Buffalo; A. J. C. Skene, of Brooklyn; Edward W. Jenks, of Detroit; Richard B. Maury, of Memphis; Chauncey D. Palmer and Thaddeus A. Reamy, of Cincinnati; A. Reeves Jackson and E. C. Dudley, of Chicago.

In his preface the editor says — "In all departments of science the largest results are to be obtained by division of labor and combination of effort." And so this work comprises the result of the labors, in their special fields, of those whose names are given above. Each writer is an authority upon the subject of which he treats. The volume opens with an historical sketch of American gynecology, which is followed by chapters on the development of the female genitals, the anatomy of the female pelvic organs, and malformation of the female genitals. The succeeding articles are all practical. The diagnosis and treatment of the diseases belonging to this department of medicine are given, and all operative procedures described in detail.

This work is classical in its character. It must become a necessity to every physician who pretends to treat the diseases of females. With it, one can treat his patient intelligently; without it, he must be very skilful who is sure that he is possessed of the latest that gynecology has to offer.

The mechanical part of the work is of the best. Paper, press-work and binding are all of superior quality, making a volume which is a great credit to the publishers.

Dr. Clifford Mitchell will return from his vacation September twentieth.

Dr. W. A. Frost, of Sylvania, O., has succeeded Dr. R. B. House, of Tecumseh, Mich., and Dr. House has gone into partnership with Dr. E. V. Van Norman, of Springfield, Ohio.

Correction.—In Dr. Hale's paper on Infectious Mammary Abscess, published in the last number of The Medical Era, on page 205, second column, fifteenth line from the bottom, it should read, "because it has *no* toxic properties." As it now stands, the omission of the word "no" gives the opposite meaning to that which was intended.

Extract from an article on Edward Jenner, recommended to the reading of various American editors:

Though men of enlightened views at once supported Jenner in his theory, and hailed the discovery as the greatest boon conferred on man for ages, his practice was violently opposed by the ignorant and prejudiced [no reflections intended]; and it was not until a new generation of practitioners had sprung up that vaccination was universally advocated by medical men. The English government, however, gave this benefactor of humanity a grant of $150,000.

A well established Homœopathic practice of $5,000 a year in a county seat of 3,000 people. If desired will sell office furniture, instruments and some books. Reasons for selling, change of profession. This is an opportunity of a life time. For particulars address at once,

W. F. Green, M. D.
Miles City, Montana.

F. W. Flower, M. D., Carthage, Mo., writes: "I have tried Lactated Food in the case of a child who was much reduced in flesh and strength, and having from eight to twelve evacuations a day. The "Food" worked like a charm, and the little patient commenced to improve and is now well and hearty."

THEY SAY

That Pasteur is on top.

That facts are stubborn things.

That wetting the hair promotes baldness.

That Shakspere did not write Shakespeare.

That electrolysis will cure housemaid's knee.

That some people are more stubborn than facts.

That makers of cork-screws are in a crooked business.

That many people in perfect health have albuminuria.

That Eucalyptus is a good remedy for eczema of the foot.

That second-hand opinions must go to the pawn-shop.

That vaginal douches after normal labor are not necessary.

That Pasteur has gained converts faster than Hahnemann did.

That Pasteur's critics have received a "most crushing reply."

That Chimaphilla is one of the best remedies for chronic cystitis.

That in order to be happy a man must ask leave of his stomach.

That the latest method of embalming is to electroplate the body.

That hot water is better than ice for checking post-partum hemorrhage.

That it is a violation of the law to remove a "birth mark" from a child.

That an old proverb says: "A man is either a fool or a physician at forty."

That the summer diarrhœa of infants is a zymotic or fermentative disease.

That this is a good season for some editors to read the history of Edward Jenner.

That another fellow wants to know why a man always dies with his hands wide open.

That another fellow says, in order to be happy a man must ask leave of his wife.

That baldness beginning between the ages of 25 and 45 is generally of hereditary origin.

That Hegar's sign for the diagnosis of pregnacy in the early weeks, is generally reliable.

That of 509 persons bitten by animals *proved to have been rabid*, Pasteur has lost but two cases.

That thirty-three states now have medical practice laws, and Illinois has the most stringent of all.

That ground has been broken for the new McMillan-Newberry Homœopathic Hospital in Detroit.

That nasal hemorrhage may be stopped by tightly bandaging the thighs and arms, close to the body.

That after labor large lacerations should be closed with sutures — small ones covered with iodoform.

That someone wants to know why a baby always comes into the world with its hands clenched.

That Chicago never before had such a large death rate in any week as it had in the one which ended July 23.

That the only solution that will, without fail, rid the fingers of micro-organisms is the 1:1,000 corrosive sublimate.

That we have announced the threatened invasion of this country by the cholera so many times that we have become tired of it.

That Pasteur's method has met with an earlier recognition than Jenner's did when he first announced the discovery of vaccination.

That there are more than 1,700 medical journals published in different parts of the world, and still The Medical Era takes the lead.

That the same instrument used by the same person in delivering several successive blows may produce wounds of different characters.

That itching skin diseases may be relieved by a warm bath containing a handful each of borax and bicarbonate of soda, to about 30 gallons of water.

That disinfection of the accoucheuer becomes more and more important, and disinfection of the parturient woman correspondingly restricted.

That the chief of police of Chicago has issued an order giving the vehicles of physicians the precedence at bridges. The doctor heads the procession.

That cut hairs found in the immediate vicinity of a wound are valuable aids in determining whether the cut was made with a sharp or a blunt instrument.

That Dr. Schley, of New York, says: "I am still of the opinion that the course of typhoid fever cannot be checked any more than that of an uncomplicated croupous pneumonia.

That rubbing the exposed skin with dilute carbolic acid will keep away mosquitoes. And so will camphor, and ammonia, and kerosene, and asafœtida, and a great many other nasty things, but we prefer a mosquito-net.

That according to our Buffalo contemporary, Mrs. DeBoffin says her son Jakey has a cough. The doctors examined his expectation with a telescope, and found it full of common Priscillas; then they dejected his rinctum with carbolic acid gas, and now he is improving.

Yours Fraternally,
A. C. Cowperthwaite.

A. C. COWPERTHWAITE, M. D., Ph. D., LL.D., F. S. Sc. (LOND.)

President of the AMERICAN INSTITUTE OF HOMŒOPATHY.

Professor of Materia Medica and Diseases of Women, and Dean of the Faculty of the Homœopathic Medical Department of the State University of Iowa. Iowa City, Iowa.

THE MEDICAL ERA.

CHICAGO, SEPTEMBER, 1887.

JAMES E. GROSS, M.D., } *Editors.*
CH. GATCHELL, M.D., }

THE NEW PRESIDENT.

We take pleasure in giving to our readers this month a portrait of Dr. A. C. Cowperthwaite, President-elect of the American Institute of Homœopathy, together with a sketch of his life. It being the first time in many years since the country west of the Mississippi has furnished a president for our National organization, we take pride in presenting one who is so truly representative in character as is Dr. Cowperthwaite, of Iowa University.

CHICAGO DOCTORS.

If the doctors of Chicago cannot gain notoriety in one way, they will in another. In the East men like Hammond, Hamilton and Agnew, may achieve fame, but their Chicago brethren can give them points in gaining notoriety.

One Chicago doctor is at present making himself notorious by carrying on a one-sided wordy warfare with the State Board of Health. This body, for good and sufficient reasons, revoked the doctor's license, and forthwith he rushed into print (at $1 a line) with column upon column of matter for the public to read.

This doctor wants notoriety, he is willing to pay for notoriety, and he seems to be getting what he pays for, for his office continues to be crowded with sickly servant girls and bilious street-car drivers.

Another Chicago doctor has gained an unenviable notoriety by assisting in the escape of one of the highest-toned criminals that ever graced Cook County jail. By the aid of this doctor's horse and buggy, and this doctor's sailing-vessel, and this doctor's intrigue, the former Warden of Cook County Hospital was taken from his bath-tub and safely deposited on Canadian soil.

But, while the doctor's protegé is thus enjoying a little freedom from confinement, the doctor, on the other hand, bids fair to occupy the cell lately vacated by his Warden friend. By virtue of a $10,000 bail-bond the doctor is permitted to enjoy a temporary respite, but the time is approaching when he must give some good and sufficient reason why he should be permitted to perform the office of sheriff, while not enjoying the "honors and emoluments" of the same.

But the doctor who has done most for the reputation of the profession in Chicago, is the one who consented to be sold for $100,000. A woman in New York took a fancy to this Chicago doctor, and paid his wife the sum above named for a quit-claim to him. The wife snapped at the bargain, and the sale was made. This transaction establishes the price of Chicago doctors; whatever they may be worth in other parts of the country, in this city the present market price is $100,000.

As Chicago generally manages to lead the world in other matters, so her doctors, not to be outdone, have set the most brilliant examples in advertising, in hood-winking the sheriff, and in establishing a market price at which members of the profession may be bought and sold.

All honor to Chicago and her doctors!

XV.

THE DOCTOR TALKS.

When I saw the doctor to talk with him the other day, he had just returned from his summer's vacation. He was seated at his desk busily writing the letters *H*, *A* and *I*, in various positions on a piece of card-board. I asked him what he was trying to do.

"I am trying," said he, "to write a little story entitled

THE A. I. H. AND THE I. H. A.

"At first glance you may not comprehend the meaning of these cabalistic letters, but you will not be long in studying it out. There is a great similiarity between them. It is only necessary to transpose the letter A, carrying it from the front to the rear, when A. I. H. at once becomes I. H. A.

"But there the resemblance ceases, and one of these can no more represent the other, than plain Henry Patrick can be endowed with the mighty genius of the illustrious Patrick Henry."

***

"Both of them met in June. At Saratoga one convened; at Long Branch the other. The meeting of the I. H. A. was a happy affair. There were several peculiar things about it, however, a few of which I will mention. In the first place, although it is supposed to be an *International* concern, it was chiefly remarkable for an entire absence of *Inters*. The *Nationals*, it is to be presumed, were all on hand, and they indulged in an amount of self-laudation and mutual "blessings," which would have done credit to a Methodist love-feast. The only thing to mar the entirely peaceful character of the meeting, that I have discovered, was the acceptance of a certain resignation. The record says:

Dr. S. Swan's resignation was received and promptly accepted."

***

"It doth appear that there is an extreme to which even an Internationalist cannot go. When Herod has out-Heroded Herod, then his resignation is 'promptly accepted.' But I think this is wrong. Swan's vagaries are but the natural outcome of the sublimated doctrines of this blessed association — yea, twice blessed, blessed by Lippe and blessed by the President! But does it not bear the mark of cruelty, to reject Swan, and yet cling to Lac caninum? Was it Swan who "blessed" them with Lac caninum? I am sure I cannot tell, but I think it was. If this be true, then to reject Swan, and yet take his puppy-milk, is a species of ingratitude of which I never supposed that even an I. H. A. would be guilty.

"I presume that next month some fellow, through the medium of the *New York Medical Times*, or some other (ir)regular journal, will take me to task and tell me that Swan had nothing whatever to do with the introduction of that valuable international drug (drug!).

"But all I have to say is, that if he did not introduce it, he ought to have done so."

***

"I would like to call your attention," continued the Doctor, "to another little peculiarity of these people. They seem to have improved on Hahnemann's own methods. A doctor by the name of Ballard, from somewhere here in the West, was telling how dangerous it is to repeat a dose of "high" when treating ague. He struck a responsive cord in the breast of the high priest of the meeting. This is the way it struck:

DR. LIPPE—That is exactly my practice now; Hahnemann did advise giving the remedy during the apyrexia, and never during the attack; he then advised them at that time to give it right after the paroxysm was over, and probably give another dose before the next paroxysm was expected.

DR. GEE—I would like to ask what potency Hahnemann used at that time.

DR. LIPPE—There is no doubt that there has been a change in the use of potencies. We have progressed, and we give a higher potency, and this higher potency will not stand a repetition. That is the difference. The dose you give now after a paroxysm is over, in a high potency will act powerfully. It does not require a repetition. At Hahnemann's time it did. So Hahnemann advised correctly at that time. But our experience now teaches us that we are going forward all the time, and not backward."

***

"O, great Lippe! O, progressive Lippe! O, going-forward Lippe! How hast thou improved upon the master's methods! Here is an association devoted to the worship of the "Master," and to the jealous guardianship of his name, and yet they have so far progressed that if Hahnemann were to reappear on earth to-day, he would have to take lessons in homœopathy of Lippe, before he would be permitted to practice by the State Board of Health!

"I think I can imagine Hahnemann's astonishment. Just fancy his going to Lippe to learn all about homœopathy!"

***

"Here is the conversation:

LIP.—Hahneman, I am specially appointed by my father's son to instruct you in homœopathy.

HAH.—But I need no instruction — I founded homœopathy — I know all about it.

LIP.—Yes, that's all very well, but, you see, there's been a change; we have progressed, we have been going forward, all the time, and not backward.

HAH.—What do you mean?

LIP.—I mean that you used to repeat your doses too often. Now-a-days, after we give one dose of the 52M, we never repeat it.

HAH.—The 52M? What's that?

LIP.—It's the 30th, potentized about 'steen million times.

HAH.—I don't believe it; I don't believe any man ever emptied, filled and shook the same bottle that number of times.

LIP.—O, no! We do it by the fluxion process.

HAH.—What in the name of Moses is the fluxion process?

LIP.—We put a drop of the 30th in an ounce vial, and then run about 'steen million gallons of water through it.

HAH.—What for? To wash the bottle?

LIP.—No; to make the 52M.

HAH.—And after giving one dose, you never repeat it?

LIP.—Never!

HAH.—That's right. I have my opinion of a man who would repeat such a piece of drastic nonsense as that.

LIP.—I fear you don't understand. We have been going forward all the time, and not backward.

HAH.—Well, you never had my sanction for any such sublimated foolishness. There is such a thing as going forward in the wrong direction, and that is precisely what you have done. You have jumped the track. I don't recognize any of your doctrines. What sort of a meeting is this you are getting up, anyhow?

LIP.—It is the International Hahnemannian Association.

HAH.—H'm. Big name! How many foreign members are present?

LIP.—Well, not any — at present.

HAH.—International? And no foreign members in attendance? How many are there of you, anyhow?

LIP.—About twenty, I think.

HAH.—What, only twenty, after all these years? I think I'll take the next train and run up to Saratoga to see if I can't find a crowd.

LIP.—Well, good-bye, ha-ha-Hahnemann.

HAH.—Well, good-bye, lip-lip-Lippe.

And here ended this remarkable conference between the master and the man."

***

"In reading the report of the meeting of Internationals, I find the following:

DR. LIPPE.—This Association has done more in the last two years than the American Institute has done in the last quarter of a century. . . The Institute will sink down into nothing. . . They have been false to homœopathy. . . . Sailing under false colors. . . . etc., etc., etc.

"Again, in glancing through a certain paper published in New York, I read:

As a member of the Institute please publish this my protest. . . . . .

AD. LIPPE."

***

"So it seems that when this *ad lib.* wants to blackguard the American Institute of Homœopathy, he does so under the guise of an Internationalist; but when he wants to put the editors of an (ir)regular paper up to devilry, he poses as a member of the American Institute of Homœopathy!

"O, great and mighty Lippe! O, going-forward Lippe! O, Lippe, lippy, lippy!"

SELAH.

HE KILLS HIS DOCTOR.—In Labouchere's cable letter to the *World* the royal Afghanistan treatment of inefficient physicians is described. The Ameer, when on a country excursion, was afflicted with a boil on his arm, from which he suffered much pain. On returning to Cabul the principal court physician was summoned, and he applied an ointment which was, no doubt, intended to be highly efficacious in its ultimate results, but at first it considerably aggravated the Ameer's anguish, and, having passed a sleepless night, he ordered the instant execution of his medical adviser, who accordingly was forthwith beheaded in the courtyard of the palace.

BIOGRAPHICAL.

ALLEN C. COWPERTHWAITE, M. D., PH. D., LL.D., F. S. SC. (Lond.)

Dr. A. C. Cowperthwaite, President-elect of the American Institute of Homœopathy, was born in Cape May County, New Jersey, May 3d, 1848. During his infancy his parents removed to Central Illinois, where he was reared amidst all the discomforts and privations of pioneer life. He attended the common schools and finally finished his academic course in Toulon Seminary, having meanwhile spent his leisure hours in learning the art of printing. After two years spent in a retail bookstore he commenced the study of medicine at the early age of seventeen, in the office of E. Parson, M. D., of Kewanee, Ill., but in a few months returned to Toulon, where he entered the office of T. Bacmeister, M. D., and pursued his studies under the supervision of this well known and talented physician. After attending one session of the Medical Department of the State University of Iowa, then located at Keokuk, he proceeded to Philadelphia, and placing himself under the private instruction of Dr. C. Hering, he finally graduated from the Hahnemann Medical College of that city, March 3d, 1869. He immediately returned west and located at Galva, Ill., where he remained in practice four years, and then moved to Nebraska City, Neb. Here a larger practice and a wider field of operations awaited him. He soon caused the organization of the homœopathic profession of that State, and was looked upon as a leader. In 1876 he received the degree of doctor of philosophy from the Central University of Iowa, and the same year published a work entitled "Insanity in its Medico-Legal Relations," which met with a large sale.

In 1877 he accepted the chair of mental and nervous diseases in his *alma mater*, the Hahnemann Medical College of Philadelphia, and was arranging to fulfil this engagement with that institution, when he received notice of his election as professor of materia medica and diseases of women in the Homœopathic Medical Department of the State University of Iowa, which had just been founded. This position was so strongly urged upon him that he finally accepted. At the organization he was made dean of the faculty, which position he still retains, and it is in a great part due to his wise and efficient administration that the department has grown into its present flourishing condition, and has avoided the grave difficulties which necessarily beset a school where a part of the instruction is given by allopathic professors.

In 1880 was first published his text-book of materia medica, which is now in its fourth edition, having met with a large sale, and being used as a text-book in all homœopathic colleges. Dr. Cowperthwaite was married to Miss Ida E. Erving, of Oskaloosa, Iowa, June 2nd, 1870, and is now the father of two children.

During the years that he has been connected with the University of Iowa, Dr. Cowperthwaite has been frequently importuned by other colleges to change the scene of his labors, but has steadfastly refused, claiming that his duty to the cause of homœopathy would not permit him to sacrifice his "first love" for the sake of any personal honor or emolument that he might acquire by so doing. In 1884, after having several times declined to accept a position in that institution, he finally accepted, under certain provisions, the chair of materia medica and pharmacology in the Homœopathic College of the University of Michigan, but still retaining his connection with the University of Iowa, performing the duties of professor and dean of the faculty in both institutions at the same time, and with entire satisfaction; but the labor being too great, and a resignation in one or the other college becoming a necessity, he resigned his position in Michigan at the end of the college year and returned permanently to Iowa. The following year, upon the death of Dr. E. A. Farrington, he was tendered the chair of materia medica in his *alma mater*, but his loyalty to the University of Iowa prevented his accepting so flattering a testimonial to his ability and worth, as this certainly was, coming as it did from those who best knew him, and who were best qualified to judge of his attainments. This confidence reposed in him by his *alma mater* has again been made evident by the recent tender to him of the chair of institutes and clinical medicine in that college, but which also he has felt obliged to decline. Such loyalty and devotion as Dr. Cowperthwaite has thus manifested for the Iowa University, by remaining there in spite of so many opportunities for him to

do much better for himself, certainly deserves and should receive the appreciation and reward of the authorities of that institution.

In 1885 Dr. Cowperthwaite was the recipient of the degree of doctor of laws from Shurtleff College, of Illinois, a noted Baptist college, with which denomination Dr. Cowperthwaite has been for many years an active and useful member. Later in the same year he was made an honorary fellow of the Society of Science, Literature and Arts of London, being one of the very few Americans who have obtained this distinction.

For many years he has been one of the active members of the American Institute of Homœopathy, being its vice-president in 1885 and having at the recent meeting of that society been unanimously chosen as its president for the coming year.

To very few men of Dr. Cowperthwaite's years have fallen so many professional responsibilities, and to very few of any age have come so many signal honors and distinctions as have been conferred upon him. As an author and a teacher of materia medica Dr. Cowperthwaite has no superior and but few equals, and his friends only regret that he persists in limiting his sphere of usefulness by refusing to accept any wider field of operations. That the institute has honored itself by exalting Dr. Cowperthwaite to the highest gift within the reach of the profession is the opinion of all, and that he will perform the duties of that position with honor and credit to himself there is no doubt.

"My views as regards chloroform and ether," said Mr. Packard, "are supported by M. Vallette, a noted French physician, who in the *British and Foreign Medico-Chirurgical Review* says: 'A large number of fatal cases under chloroform have taken place where the anæsthetic was being administered to a patient apparently in good health, and suffering from some trivial local malady. On the other hand, those happening under ether have always been in cases of the gravest character, and in which the patient was either exhausted by previous disease or suffering from the shock of some severe injury. Again, death, when resulting from the effects of ether, has always been preceded by warning symptoms, whereas with chloroform it has often been sudden and utterly without warning of any kind.'"

ORIGINAL ARTICLES.

A CASE OF EPICYSTOTOMY.

By HENRY SHERRY, M. D.
CHICAGO.

SUPRA-PUBIC LITHOTOMY is now so well established as a surgical procedure that I will not enter into its history, or offer any specious reasons as to why it is performed in preference to the lateral or median method. Allow me, however, to detail the following case:

J. K., a laborer 55 years old, gives a history of occasional attacks of retention of urine covering a period of nearly thirteen years. During one of these freaks of his bladder, he became somewhat desperate and proceeded to open up the canal by the aid of a tin pen-holder, four and one-half inches in length, by one-fourth inch in diameter. Little by little it slipped along the urethral canal, till, lo! the bladder had swallowed it. Now, thoroughly frightened, he applied for aid to a physician, who only succeeded in aiding this intruder to become thoroughly impacted within the cavity of the bladder at an angle of probably sixty degrees with the urethral canal. Four days after this occurrence he entered the hospital.

Examination by the aid of a No. 14 Van Buren steel sound, which passed readily into the bladder, elicited a decided "click," and the transmission to the fingers of an obstruction as of a solid body. An operation was proposed, to which he readily assented. As a preliminary to the operation, the bowels were relieved by an enema, the field of operation prepared aseptically, and the patient put to bed to be operated on the next day, by the high method.

Permit me here to state that, always when possible, I have the seat of operation previously prepared by a thorough use of soap and water and the razor, and the parts thus cleaned, protected by eight or nine layers of antiseptic gauze saturated in a two and one-half per cent of carbolic acid, or a 1 to 2,000 solution of bichloride of mercury, and over this a layer of gutta percha protection, the whole held in place by a snugly fitting roller bandage.

The morning of the operation no breakfast was given to the patient, (as I believe less trouble is likely to accrue from an anæsthetic given on an empty stomach the rule of never

permitting a patient to eat for six hours previous to an operation is invariably followed when practicable). Sulphuric ether was administered, and I will here state that I am no believer in A. C. E. or any other mixture, as alcohol, chloroform and ether are of different specific gravities. After they have stood a while you are certain to have more of one and less of the other, and which of which you do not know, and you are therefore doing blindly that which requires the utmost caution. The bladder was washed out with a saturated solution of boracic acid, and the patient drawn down to the edge of the table and the legs permitted to hang free so as to make the abdominal muscles tense. A steel sound was passed into the bladder, the shaft pressed down between the thighs and firmly held by my colleague, Dr. F. H. Newman, who stood upon the right side of the patient, I preferring to stand upon the left side that I might make my incision from the pubes upwards. Having dissected down upon the bladder, its walls were divided by cutting down upon the point of the sound, the bladder held up by a tenaculum, and the incision enlarged by the use of a grooved director, and a probe-pointed bistoury. The foreign body was removed, the bladder washed out, a soft rubber catheter inserted for a drainage tube, and stitched to the skin to prevent its slipping out. The incision in the bladder was closed with a continuous catgut suture, and the external wound by interrupted silk sutures. The wound was dressed antiseptically, and a closely fitting rubber tube attached to the catheter, the free end resting in a dish of water beneath the bed. The patient was ordered to be catheterized once in two to three hours.

Feb. 5th. Record shows the patient vomited several times during the night, for which Ipecac was given. Passed about three ounces of urine mixed with blood through the urethral canal; temperature normal in the morning, but rose to 101° in the evening; no pain.

The temperature varied from normal to 99° till Feb. 7th, after which it remained at normal. The patient now voids urine voluntarily.

Feb. 9th. Wound dressed, and bladder irrigated.

Feb. 12th. Sutures in external wound removed. Two days later the drainage tubing removed, and the sinus thus left filled with Iodoform suppository. Two days later this had healed and patient was discharged.

ADDENDA.

On August 16th I operated by the same method for stone in the bladder. The patient, who had been ill for a long time, was suffering from a severe cystitis and pulmonary tuberculosis, and lived but a few days after the operation.

It will often materially assist the removal of the stone or foreign body, by having an assistant pass a finger into the patient's rectum and make upward pressure against the bladder. Again, one of the most difficult steps is in making the incision through the bladder walls. This is somewhat facilitated by the use of a sound grooved along the concave surface, the point of the knife following this groove, the deviser of which is Dr. W. T. Belfield, of this city. After closing the wound in the bladder I draw it upwards and stitch it to the abdominal walls.

STENOCARPINE: A RIVAL OF COCAINE.

By E. M. HALE, M. D.

CHICAGO.

A RIVAL to cocaine has been discovered. It is an alkaloid, extracted from the leaves of a tree found in Louisiana. The anæsthetic power of these leaves was discovered in a curious manner. Mr. Goodman, a veterinary surgeon, while traveling through W. Feliciana Parish, La., had occasion to apply a poultice to the fetlock of one of his horses. Having none of the usual material, he raked together some leaves from the ground, cooked them in hot water and applied them. Afterward, when lancing the swelling, he was surprised that the horse showed no evidence of pain. Another case of inflamed bursa was poulticed with the leaves, and lancing caused no pain.

Dr. Seward, of Bergen Point, N. J., obtained some of the leaves from Mr. Goodman and made an analysis of them. He found an alkaloid and made a two per cent solution of it. On putting a few drops in a cat's eye he found it caused complete local anæsthesia.

The tree bearing these leaves is not yet verified botanically. It is called in local parlance the "Tear-blanket Tree," because of

the thorny spines which cover the trunk and branches. It grows to the height of 30 to 40 feet, with a diameter at the base of 18 inches and a spread of foliage of 20 to 30 feet. The leaves resemble those of an *acacia*. The bark is smooth. From the ground up the tree is furnished with clumps of forked spines or thorns, the parent spine springing at right angles with the trunk. Dr. Goodman has never seen the blossom. As fruit it bears pods eight or ten inches in length, flat and slightly curved, containing seed and a viscid juice. Dr. Seward calls the alkaloid "Stenocarpin" because the tree resembles the "Acacia Stenocarpa." I can find neither in Michaux or Nuttall any description of such a tree. It must belong to the order "Fabaceæ," which are all similar to acacias.

It is to be hoped that the tree will soon be identified by competent botanists.

In the *Medical Record*, of July 30, appears a paper by Dr. Clairborne, of New York, in which is detailed numerous experiments with a two per cent solution of "Stenocarpin." He deduces from his experiments that it stands midway between *atropine* and *cocaine*. Its anæsthetic effects last as long as that of cocaine; its mydriatic effect is greater than that of atropine, while its paralyzing effect upon the muscles of accommodation is perhaps as great as that of atropine, reaching its maximum effect in six or seven hours, and disappearing rapidly thereafter.

In the Aug. 13 No. of the *Medical Record*, Dr. H. Knapp, of New York, gives further experiments made with this agent. He applied it to the eye. "In five or six minutes anæsthesia to the touch was complete, and remained so for ten minutes, then began to diminish and disappeared in twenty to thirty minutes. An unpleasant *feeling of dryness* set in with the anæsthesia and lasted the whole day. The *palpebral fissures enlarged* and the conjunctiva was moderately bleached.

"The pupil *began to dilate* in from eight to twelve minutes; reached its maximum, that of an utmost atropine dilatation, in twenty minutes; remained in this condition the whole day, was less on the next, and disappeared on the fourth. The *accommodation* began to diminish in ten minutes, and was completely paralyzed in twenty to twenty-five minutes. The *tension* of the eyeball was slight."

Experiments were made on the mucous membrane of the *nose*, throat, urethra, and rectum, with the same complete anæsthetic results. It has *no* effect on the skin when unabraded.

It seems to be a more powerful poison, when injected under the skin, than cocaine. Five minims injected into the orbit behind the eyeball of a rabbit, caused in half a minute the most *violent attacks of tetanoid convulsions*. They occurred every ten to forty seconds. In the intervals the animal lay quiet with excessively rapid respiration and pulse. The animal recovered in about forty-five minutes. Twenty-five minims injected under the skin of another rabbit caused the same symptoms with recovery in an hour.

Ten minims were injected into a large vein in the ear of a rabbit. After a few fibrillary convulsions and tremors, in ten *seconds* the animal *lay down dead*. No respiration, no movement of any kind was noticed. "It was the most quiet and sudden death I have ever seen from any cause." The picture furnished by these experiments bears the greatest resemblance to strychnine poisoning. In this respect it differs most from cocaine. It cannot with safety be applied to an open wound in any quantity except the most minute (1-6 grain. Knapp). In man it has produced (in 4 drop doses) when absorbed, transient pallor, cold perspiration, dizziness, stupor, fainting, nausea and weakness the same as cocaine.

At present the alkaloid is very expensive, $6 per ounce, 60 cts. per grain, the early market value of Cocaine. The winter leaves yield 7½ grs. to every 10 lbs., the summer leaves bear only 5 grains.

If this tree grows to a large extent in the vast forests of Louisiana and other gulf and river states, the price of the alkaloid will soon be lower.

CLINICAL CASES.

BY M. J. HILL, M. D.

STERLING, ILL.

(Read before the Illinois Homœopathic Medical Association.)

ORIFICIAL IRRITATION.

PHYMOSIS CONGENITAL. A young lad 16 years of age called at my office complaining of some trouble with his "water-works," as he expressed himself. I suspected some venereal trouble, which is not an uncommon thing, even in some of our quiet country towns. I was mistaken this time.

Upon examination I found the foreskin long, and the orifice so small that the urine could pass but very slowly. There was a discharge of creamy looking pus mixed with a substance looking like chalk. The youth denied the habit of masturbation, and also said that he had never indulged with the opposite sex. The boy was nervous in the extreme, and small of stature; features like those of a child; voice like that of a boy of seven years; teeth poorly developed, looking more like a child's first teeth than the permanent ones; skin anæmic; hands purple and cold, (almost as those of a corpse). The mind could not be relied on, as he was so forgetful that he often had to go the second time before he got what he was sent after.

I explained to him the necessity of an operation to relieve him of his trouble, and he decided to come the next day and submit to the operation of circumcision, which was performed in the office, under an anæsthetic, by removing a circular band of the prepuce about an inch wide and sliding the mucous surface back to the corona of the glans and exposing for the first time in the boy's life the glans penis, which was covered with a deposit nearly as thick as cardboard, looking like lime.

This was removed, exposing a sore surface of the glans. I cleansed the wound with a solution of Calendula, and stitched the integumentary surface with four sutures, and dressed the parts with the lotion. The patient re-acted well, and was taken to his home.

In five days he was back to his work nearly well, so far as the operation was concerned. His general health began to improve in every way. No longer the bashful boy of the past, he goes about his work with a freedom and cheer unknown to him before. The mind is clear, the extremities warm, appetite good, and he is developing quite a liking for the ladies, and I believe that his employers have advanced his wages once, if not more, since the operation, whereas they were about to discharge him before.

Look well to the foreskin of your nervous and demented patients, for lurking under it may be the cause of all the trouble. I believe that local irritation at the orifices of the body causes more chronic trouble than any other one cause — possibly more than all other causes combined.

MARASMUS.

Grace X. was brought to me in the following condition: Three months old and weighing one pound less than when she was born. To use a common country expression, she looked old, and her skin fitted her body as a bag would a fence post, hanging loose over the bones. Her history was: when she was born she seemed to be as healthy as any child, but would cry when lying on the left side and shoulder. The doctor that attended the mother during confinement examined the shoulder and told the mother that the clavicle was broken at the time of delivery. My opinion was that it was a dislocation of the acromial end of the clavicle, as there was quite free motion of that articulation, and no provisional callous on the shaft of the bone.

The child's voice was a mere faint wail. The mother was as healthy a looking woman of twenty-two years of age as any one might wish to see, weighing about 140 pounds, breasts were large and well developed, yet for some cause she did not secrete milk enough for the nourishment of her child, or, at least, the babe looked starved, and was sucking a rag with a raisin and sugar tied in it. The mother said the child took all her milk. I recommended Ridge's Food and gave Calc. carb. 6x and Ars. 30x alternately; also, to remove the rag and add to each bottle of prepared food two grains of Lacto-pepsin. In one month there was a marked change for the better. No longer the low moan; the voice was stronger, the features began to look plump, all attempts at breast feeding were abandoned, and prepared food of various kinds, for variety, were given, and in four months the child was as plump and solid as any child. I think I never saw a more complete change.

The child has had since, an attack of pneumonia and has recovered sound and well and is running about as lively as any child of her age.

Look well to the feeding bottles that they do not get sour and unwholesome. I believe that more harm is done the child's stomach by unwholesome food than can be overcome with our most careful medication. The old saying is as true in medicine as anywhere else: "An ounce of prevention is worth a pound of cure."

PRACTICAL MEDICINE.

BY F. W. GORDON, M. D.
STERLING, ILL.

(Read before the Illinois Homœopathic Medical Association.)

IN offering a few thoughts upon materia medica I have chosen to do so under the above title, for the purpose of considering the subject in a general and practical way, instead of considering it with special reference to drug provings or their effects when administered to the sick. Materia medica, as Thomas defines it, furnishes "the tools with which we have to work in the cure of diseases." While I believe this to be true, and while I also believe we could not successfully resist the ravages of disease without it, nevertheless, I am often led to ask whether we, as physicians, are not placing too much dependence upon mere drug action, and too little upon other means. Probably the time will never come when drugs will not be made use of, in some form or other, to combat diseases, but that the time is not far distant when much less dependence will be placed upon them than now, is not unreasonable to suppose. By this I do not mean that our confidence in the virtues of the properly affiliated remedies will be less, but that our knowledge and ability to prevent disease will be greater. He who saves the limb is the true surgeon. And with equal truth may it be said that he who is ever striving to bring about the best possible conditions for the prevention of diseases is the true physician. Much has already been accomplished in this direction. And yet we have but made a beginning as compared to the work yet to be done. I regard it as being as clearly our plain duty to use every possible means to ward off ailments of every description, as to strive to arrest them when actually upon us. That sickness, suffering and death will be our lot even down to the end of time, none can doubt. But that the amount of suffering may be greatly diminished, and the average age of mankind greatly increased, I affirm without fear of successful contradiction; not only is this much true, but obviously it is the duty of our generation to make unmistakable progress in this direction. Such a desirable state of things can only be brought about by the unmistakable progress in the introduction of thorough and radical reforms. In all earnestness and sincerity I ask: Who, if not the physician, is qualified to give instruction as to the proper training of the rising generation with special regard to the laws of health? Not only with reference to present conditions, but the future as well? One of the hopeful signs of the times is the fact that the people are beginning to realize the importance of introducing such scientific studies into the school-room as have direct bearing upon their present and future health and happiness. Notably such as treat upon the uses and effects of alcoholic liquors. Whatever may have been claimed for them in days gone by, for this age their use as a beverage can under no possible circumstances be defended. This is one of the things that is settled. When we reflect upon the fact that in the United States alone, eight hundred millions are annually expended for liquors, and not more than one-tenth of that amount is required for medicinal and mechanical uses, is it any wonder that we are racking our brains to discover new remedies and new methods to stay the overwhelming tide that is sweeping down upon generation after generation as a result, in insanity, apoplexy, heart diseases, Bright's disease, neurasthenia, consumption, suicide, insomnia, pauperism and crime, to say nothing of the moral degradation that inevitably follows? In view of all this and much more — I ask where is the remedy, and where is our hope for the future if not in the proper training of the rising generation?

Another incalculable source of the above and many other diseases is in the use of tobacco. Gentlemen, if it is our duty to use our highest skill to arrest the raging fever at the bed-side, clearly is it no less our duty to stand as a unit and to speak in tones that cannot be mistaken, against the entailing of those evils upon future generations. In view of this I repeat: that in my judgment our only hope is by insisting that such methods of instruction — including all proper hygienic measures — shall be given as is best calculated to secure immunity from such an inheritance. To unearth new remedies and bring to light new virtues, is indeed a humane and god-like calling, and should be pursued with renewed vigor throughout the whole domain of materia medica. But at the same time let us never forget that unless we remove the stumbling blocks that so constantly beset us and so often baffle us, unless, instead of encouraging these evils or even winking at them, we insist upon their utter abolition and upon a thorough hygienic and moral reform, our skill, however

great, in the knowledge and application of remedies will avail but little, for it will simply be equivalent to tearing down with our left hands what we are striving to build up with our right. Some of you may remember the assertion I made in my last paper before this society, to the effect that I would prefer a thorough application of the laws of sanitary science and hygiene without medication, than to depend upon the most skilfully affiliated remedies with a total disregard of these laws. I am — if possible — even stronger of that opinion now than ever. When I reflect upon the thoughtlessness and indifference of a large majority of our fellow mortals with regard to the laws of health, I am led to wonder that we have reached our present high standard of longevity and attainments in the healing art. In our zeal and our untiring efforts to discover new remedies and new appliances for restoring the sick to health, I sometimes fear we are led to neglect or lose sight of the more common and long trusted means to the disadvantage of our patients. While new remedies and new appliances must needs be sought out, we should ever bear in mind the fact that a thorough knowledge of a limited number of reliable and well proven remedies is better than a mere smattering of the entire list. The many unpleasant and unsatisfactory results attending the administration of medicines are probably the principal causes of the many methods of cure that have been advocated. Alternate success and failure has been its history from the earlist ages, which would naturally give rise to a great variety of opinions and to a lack of confidence generally. One physician uses only the highest forms of medication and another only the lowest, and with apparently equal success. Our best known and most able teachers of the "regular" school are certainly very irregular in many respects also, if their best journals are to be relied upon. One claims to control the pulse and to be able to actually abort almost any attack of fever with a few doses of Antipyrine. Another condemns it altogether, considering it unreliable and dangerous. One would set aside almost every form of treatment of the upper air passages and substitute the application of Chromic acid; does not believe a case of chronic laryngitis was ever cured by topical applications, whether made by brush, sponge or spray; would have us cease being throat doctors and become throat surgeons. Another sees only danger and an unwarranted precedent in such teaching, and would advise only mild internal medication.

Many advocate the combined use of Opium and Belladonna as aiding the effects of both, while as many more would condemn it, as being antagonistic. Probably both are right and both are wrong. As homœopathists we find no difficulty in accounting for that on the principle that a very small dose of any drug is likely to produce symptoms directly opposite those produced by the same drug when given in large doses. Thus, when we see such pronounced varieties of opinions among those who are acknowledged authorities in the various schools, such direct antagonism among those who are supposed to agree, is it any wonder that we are deluged with "pathies" "isms" and "cure alls?" Is it any wonder, too, that the confidence of the medical world should become somewhat shaken as to the virtues of medicines generally? With such facts before us I would again impress it upon the minds of all, as not only exceedingly important, but clearly the duty of every practitioner of medicine to use his or her knowledge and influence in every possible way to bring about such sanitary conditions, municipal, state and national, as shall contribute most toward the health and happiness of all concerned. It is obvious that in proportion as such a state of things obtains, in the same proportion will the demand for drugs cease, and the physical vigor and moral tone of the nation increase. It is safe to conclude that there is not one in this room who is not free to admit that were the best possible hygienic regulations established and maintained individually and municipally, epidemics, even mild ones, would be things of the past. To pursue our noble calling with such aims, and only such, is elevating, is ennobling. It tends to make sound minds, and sound minds make sound bodies. Some writer has recently expressed the opinion that the leading physicians of the future, the truly eminent ones, are to be counselors in the highest sense of the term, and not mere drug prescribers. As stated at the outset, I do not expect the time to come when medicines will be wholly superseded, but I think the time will come, and that it is now rapidly approaching, when much less will be used than at present, and much less required, for the logical reason that the sources and surroundings that tend to disease and disease only, and that con-

tinually, will largely have been removed. In proportion as we improve our habits of living, in that proportion will the use of medicines cease, and when demanded will not so often disappoint. Our esteemed Doctor Dowling has truthfully said: "As homœopaths we claim that God has given us a law for the selection of drugs by which all curable diseases may be cured. Has he not also given us laws with regard to diet and habits of life, which if violated, sooner or later lead to disease? Is it rational for us to prescribe in accordance with one divine law, medicine to cure a train of symptoms resulting from the violation of another divine law, while that law is still being violated? Certainly not. In studying the pathogenesis of drugs let us study hygiene, and then from positive knowledge lay down our rules and endeavor to see that they are enforced. Eat and drink each day only what is necessary for the requirements of the system. In enforcing these rules upon our patients, let us not forget that we will be better men, better husbands, better fathers, and better doctors if we follow them ourselves."

CHILD DEVELOPMENT AND LONGEVITY.

BY T. C. DUNCAN, M. D.,

CHICAGO.

(Read before the Illinois Homœopathic Medical Association.)

"YOU would hardly know my boy," said a mother the other day, "he has grown so tall and large. I have been wondering if the children of this generation are not larger than those of the previous one. My oldest boy, now nineteen, is much larger than either of his parents, or any of the members of our families."

This brings up the question of what influences development. The bearing of development upon longevity is of great interest, and one to which I have given a good deal of thought and research. We recognize that the thin, narrow chin and lower part of the face goes with poor nutrition and consequently short life, while its opposite belongs to vigorous nutrition, which, however, may interfere with health and longevity. The pinched nose and features go with consumption and lack of chest development, and few insurance companies will accept this class of risks, while the opposite, with high cheek bones, goes with excessive development of the bony system, giving rigidity to the chest and consequently restricted expansion, and invites disease directly and indirectly through the calcification of the arteries. The broad, high forehead goes with excessive development of the nervous system, which interferes with the development of the other systems and tends directly to lessen development and shorten life, while the opposite condition has its bearing upon longevity in another way, chiefly through the reign of the passions; hence the ovoid face has come to be regarded as the type of health and index of long life.

The question arises, how much can we control the development of the child, insuring it good health and long life both in its ante-natal and post-natal development? The child in utero does not breathe, so there is no chance to develop its thoracic capacity except through the circulation. The nervous system is not called into action and its development must be directly hereditary. The digestive organs are only developed through the circulation. I now refer particularly to ante-natal life. We all know that the healthier the blood, with moderate exercise, the child is insured a vigorous development, so it would seem that the whole question of infant health and longevity would turn on that of nutrition and a reasonable activity of the nervous energies of the mother.

"What does your boy eat?" I inquired of the mother, thinking that possibly some light might be thrown upon the question here. "He has a vigorous German appetite, and for his lunch he broils himself a large beefsteak, of which he is very fond." We know that mountaineers and flesh-eating people have both a vigorous development and fine physique, providing they also take a reasonable amount of farinaceous food. Dwellers in low, moist latitudes are generally of the opposite physique, hence we see that environment has much to do with physical development. The same is true of the extremes of heat and cold, but Stanley found some tall, athletic people dwelling in high regions in equatorial Africa. The equable temperature in temperate latitudes is very favorable to a fine development. Chicago and Illinois are especially well situated for the development of fine physiques.

The nervous element is one that interferes very much with nutrition and development. I come to look upon the worry of the mother to be especially prejudicial to the health and

longevity of her child. A mother that exercises self control, and who takes an average proportion of the different elements of food, ought to produce healthy children, but the question of heredity, as well as environment, has also a bearing upon the various parts of the body. However much we may question the possibility of transmitting physical deformities, there is unquestionably an undercurrent that shapes the destiny of the child.

The size of the parents, providing they are in reasonable health, with normal appetite and digestion, has a marked influence upon the size of the new-born. It is true that some large women give birth to lilliputian children, but in those cases, as far as I have been able to trace them, there was an abnormal condition of nutrition. We are not surprised to learn that a giantess gave birth to a child weighing twenty pounds. One of the model, large, well developed primiparæ gave easy and natural birth to a twelve pound child whose subsequent development marks him to be a large, finely developed man.

We evidently have more control over the post-natal than the ante-natal development of children. The ante-natal bias of either of the systems may give us more or less trouble, especially during the first year of infantile life. From the first to the fourth year, nutrition, the circulation and the development of the nervous system are largely under our control, and here the family physician can do much to regulate the child, thereby insuring it a fine physique. After the fourth year up to the twentieth the growth of the body is not as rapid, but the development of the nervous system obtains and maintains the ascendancy.

I am inclined to the opinion that the lungs, more than any other part of the body, are sadly neglected in the children. How many are taught to breathe properly? How many are taught to sleep with the mouth shut? How many to expand the chest regularly every day, filling and developing the air cells, aerating the blood and insuring the amount of oxygen necessary to the activity, development, waste and proper repair of this invaluable human machine? If altitude with its large supply of oxygen tends directly to develop the physique, we have a hint that can be available in any locality. If the normal air does not contain the necessary amount of oxygen, we are chemists enough to manufacture and sanitarians enough to know that it is the best vitalizer and disinfectant possible to obtain.

Another thing that I think has a marked influence on child development and their longevity is found in the rapid alternations of heat and cold they are subjected to. For example: in our houses during the winter the thermometer may stand at 70 and above, while outside it may be at zero or below. Few stockmen would risk such exposure for their valuable stock. Many mothers lament to me for fear their children may be what are termed hot-house plants, not able to endure the changes of temperature during the winter without violent colds. I comfort them with the assurance that their children are human plants, most sensitive and delicate, and should no more be exposed to the rigors of a sudden change than the choicest plant in their conservatories. It is not the confinement, but it is the lack of oxygen in the atmosphere of the home, in the food, in the water that interferes with the child development and renders it sensitive to the change. Were the same attention given to aerating water and oxydizing the air of the home as is given to aerating bread (one of the most nutritious and palatable forms of this article) we would have healthier children with an increased longevity.

It is very easy to set up a standard of diet, but much more difficult to make each child conform to it. There is no question but what children have too much their own way and will in reference to what they eat. More attention is given to what suits the child's taste and eye rather than the needs of its body. We know that the body needs 75 per cent of water, and this should be supplied in as wholesome a state as possible. I have not the slightest doubt but what many children would be much healthier if they obtained pure water and the requisite amount demanded by the system. Air and water are foods that have not received the attention their importance merits; both are oxygen carriers and both are of vital importance in circulation and respiration.

If mothers were taught to have their children go through deep breathing exercises three or four times a day as regularly as they give them food, I believe we would see better developed children. The dwellers in mountain latitudes are compelled by the rarity of the atmosphere to breathe deeply. How seldom do we find a person whose normal aver-

age chest expansion is more than three inches. Occasionally we find one who has five or six inches forced chest expansion. Perhaps no hint do I give so often to our medical examiners as this, "Tell them to practice deep breathing." I know that some weak lungs have a very large chest expansion, but, as a rule, those in poor health have a small chest expansion, and hence a corresponding acceleration of the circulation.

It would be interesting to know how much influence deep respiration by the mother had upon chest development in the unborn infant. If the Indian method of resuscitating the stillborn by the mother taking a deep breath before the cord is severed, as some of our members state is a fact, then we might infer that the child in utero is more under the control of the mother than we have been led to believe.

BRAIN REST.

BY N. B. DELAMATER, M. D.
CHICAGO.

(Read before the Illinois Homœopathic Medical Association).

IT is not my intention in this paper to discuss the conditions demanding rest for the brain.

It is not a difficult matter to determine when such a prescription should be made. It is not so easy however to determine just how to accomplish it.

The brain is to a great extent automatic in both its mental and physical action. It is in most cases practically divorced from the control of the will.

Whether this divorce is the result of either education or habit, or both, for the present is of little practical importance.

That by training the brain can be brought very much more thoroughly under the control of the will than the undisciplined mind both as to action, and inaction, is certain.

It is constantly on the lookout to secure supply for the physical needs of the body and to protect it from injury from external sources. It is practicaly whatever there is of the moral within us. It guides in all our social and business relations. In short, the brain is the man, physically, intellectually and morally. Voluntary muscular action cannot occur without brain activity. Ideas do not exist except in the brain. No knowledge of the world around us can be gained through the avenues of special sense, as sight, hearing, etc., except by expenditure of brain energy.

That the functional activity of the brain depends in a great measure on the central blood supply, is, I think, so thoroughly established that it is unnecessary to take up your valuable time in relating the many experiments and observations in its proof. Brain action means increased blood supply to the special part in action. It also involves explosions of energy from nerve cells, and increased rapidity of the destrucive and reparative processes, the inevitable result of cellular activity everywhere.

It also means a greater or less amount of local irritation. To stop these repeated irritations is the object of brain rest as a therapeutic measure.

From the foregoing it will readily, I think, be seen that the desired object must be attained by study of each case as an individual one. Routine treatment will not accomplish it.

Bear in mind your patient is not trained to make his mind a blank. He cannot help thinking. He cannot always guide the direction of his thought. He cannot help worry. In fact, it is not always possible to remove the causes of worry.

You can, however, change the current of thought, or, more to the point, rest the particular part that has been active and bring into activity heitherto inactive centres.

A lawyer who has used himself up in the study of dry, technical law points mainly in the office, can go into court and try cases with fresh vigor, resting the centres that have been active, calling into activity those centres which are recuperated from rest. Or vice versa, the business man who has been looking after the office work, can drop it mainly and look after the stock and outside work generally, or the reverse. The teacher can drop the old and take up new branches. The minister can devote more time to parish work and less to sermons, can preach more or less extemporaneously than formerly or can turn over his barrel and read old sermons.

The physician can change the method of doing his work, taking up new lines of study, dropping in a great measure the old, etc.

Nearly all brain workers can curtail their mental work materially or change its character, and can in addition take a considerable increase of regular physical exercise.

Physical development is frequently enough to accomplish the purpose. In some cases, of course, it is necessary that business should be

given up for a longer or shorter period. In these cases, again, special study and judgment are required as to what shall be done while away from business.

The first idea is usually to advise a trip of some kind. In many cases it is best and answers all purposes. The question is as to the kind of trip and when. If simple relaxation with change of ideas and habits of thought is all that is needed, a pleasant sight-seeing trip will answer the purpose. If, however, more pronounced and general rest is required, an ocean voyage is probably by far the best. In other cases the general nutrition has become so impaired, the entire general energy so lost, that absolute rest is required, both mental and physical. In these cases the patient must be confined to the house and possibly in bed. All communication with his business absolutely cut off. It will not do to allow him to simply hear how things are going. All information, good or bad, concerning business, must be kept from him.

Cutting off news in this way rapidly reduces the amount of thought given to business, while even slight news will constantly feed thought. All reading of every description must be prohibited. Neither must anyone be allowed to read to him. Conversation on all topics, business, social, family, or in fact of any character must be reduced to a minimum. Do not in any way furnish the brain with incentives to action.

The confining in bed is a great help in this direction. The eye soon ceases to find new objects to convey impressions to the brain.

There is, however, another reason for the cessation of physical exercise. As before mentioned, any voluntary muscular exertion requires brain work and consequent irritation. The cessation of voluntary muscular exercise therefore adds to brain rest. On the other hand, muscle or physical rest tends to sluggish circulation, to decreased nutrition and general weakness. To overcome this tendency you must supply physical exercise without the intervention of the brain. This is readily accomplished by passive exercise. That is, by having the patient exercised instead of exercising himself.

Massage, the Swedish movement, etc., and electricity will give the necessary passive exercise without making the brain do any work.

A word or two regarding massage may not be amiss. Simple surface rubbing or friction is not massage. There must be deep kneading of the muscles. The hand of the operator should not be allowed to slide over the surface of the skin, but should grasp the muscles deeply and move them over the bones. There should also be passive movements of the limbs, that is, the operator should move the limbs in different directions while the patient neither assists or resists. That is, the patient should remain perfectly passive. When the brain shall have become sufficiently restored the patient may be directed to resist certain movements in order to assist in strengthening the reciprocal action between brain and muscle and to develop somewhat the conducting paths.

As to electricity for passive exercise, the Faradic current is best. I do not think in this kind of cases the direction of the current is material. The strength should be simply sufficient to produce slight muscular contraction. During the course of treatment, whether by traveling or more or less absolute rest, it is very important a good supply of sleep should be secured. This is not always the easier problem to solve.

The seemingly indicated remedy frequently fails entirely.

Usually I think when this is the case that the wisest course is to restudy your case and its symptomatology carefully. You should, however, take into consideration the pathological condition. The keynote to securing sleep lies in building brain or rather restoring nerve ganglionic energy and restoring the circulation to a normal condition.

There may be cases where the galvanic current to the sympathetic may prove a valuable adjuvant.

Do not, however, in this class of cases allow yourselves to be tempted to used bromides. Remember the bromides are depressors of ganglionic energy, and as you have already a depressed condition, the bromides while possibly overpowering sufficiently to produce sleep temporarily, do so only at the expense of energy that you cannot afford to lose. The bromides will invariably make your case worse. Compression of the carotids may occasionaly be of benefit. Mild stimulation in some few cases may assist in producing sleep. Produce sleep you must, but be careful not to lower the tone of the circulation or to depress the nerve energy.

SELECTIONS.

On the Use of Chloroform in Natural Labor and the Relation of Anæsthesia to Post-partum Hemorrhage.

No one can doubt that either chloroform or ether may be given to the extent so far beyond anæsthesia as to induce profound narcosis, or that, if the uterus be suddenly evacuated while in this condition, there would be a temporary paralysis of the organ with a loss of power to contract and close the open mouths of the utero-placental vessels. The real question is whether anæsthetics, properly administered, should be witheld from a woman in labor, when desirable to save her from unnecessary suffering, on account of the danger of their causing post-partum hemorrhage.

I have long regarded chloroform as the best and safest anæsthetic in obstetrics, and since 1850 I have used no other. My reasons for this preference are briefly these:

1. Its odor is to most persons much more agreeable, and it is much less persistent. When sulphuric ether is used, it frequently, at first, produces more or less irritation of the fauces and bronchi, and an annoying cough or choking is excited. The effect of this is bad, both on the patient and on the surrounding friends. It excites apprehension, which more or less tends to counteract the influence of the agent.

2. The influence of chloroform is much more rapid and a much less quantity of this agent is required than of the ether. We are thus saved, in a great majority of cases, the preliminary stage of excitement which the ether produces, and we are able to use the chloroform for each recurring pain, the patient in the interval being comparatively free from the influence of the anæsthetic. Thus, in the aggregate, not only is a much less quantity of the agent required, but the patient is exposed to the danger from the anæsthetic, if any danger there be, for a much shorter period of time.

3. By chloroform we are able to regulate the degree to which we may desire to carry anæsthesia with a certainty and security that are not possible with the ether.

4. The danger from anæsthesia by ether, where disease of the kidney exists, first pointed out by my friend, Dr. Thomas Addis Emmet, and now confirmed by several observers, has not been noted by any one as resulting from the use of chloroform.

We all know that the great security against post-partum hemorrhage lies in the efficacy and permanent contraction of the uterus after delivery. While we are constantly meeting in obstetrical literature with the statement that the danger of post-partum hemorrhage is increased by the use of anæsthetics, I have never been able to find any statistical evidence in proof of the assertion. What is termed uterine inertia is often but another name for uterine exhaustion, and this must certainly be less likely to occur when the nerve force and vital powers have been saved by the use of an anæsthetic. This uterine exhaustion may be, and often is the result of a prolonged labor, and while I am convinced that the effect of the chloroform is often to prolong labor, I have not been satisfied that this apparent objection was not more than counterbalanced by the advantages obtained by its use, even where the use of the forceps has been made necessary from this cause.

But in a large majority of patients my experience would lead me to the conviction that the use of chloroform shortens the labor. I am certain that it does in all those cases where the pains are diminished or suspended by extreme sensitiveness and fear of pain, by vivid moral impressions or hysteria, or by pains resulting from the coincidence of some malady, either existing antecedent to, or appearing during labor, such as rheumatism of the uterus, or other muscular tissues, or sharp pains in the back or abdomen distinct from the pains from uterine contractions, griping in the intestines, or the cramps which are occasionally produced by the pressure of the child's head on the sacral nerves; and, finally, in all those cases where inefficient uterine action results from loss of sleep and extreme exhaustion from a prolonged first stage; and in many cases where the labor is retarded by rigidity of the os uteri or perineum. Thus, on the whole, I am obliged to state my conviction that chloroform accelerates labor in a greater proportion of cases than it retards it.

I have attended a number of patients who in previous labors have had their lives endangered by post-partum hemorrhages, and who were placed under my care for this reason. All these cases I have watched with the greatest anxiety, and have endeavored to see that they were in such a condition

as would best prevent the occurrence of this accident after delivery. On questioning them or their intimate friends, or where practicable, their former medical attendant, I have learned that their previous labors have almost invariably been followed by a great prostration, and that when labor was completed they were in a state of almost extreme exhaustion. A peculiar idiosyncrasy, or a former tendency to hemorrhage, or an extreme feebleness of the patient, has been assigned as the reason why chloroform had not been given in former labors; the very reasons why I should consider this anæsthetic, properly and watchfully administered, as especially indicated. Such patients have generally remarked to me, when they have come out from the influence of the anæsthetic, "How different I am from what I ever was before, after confinement." They take nourishment and stimulants, if need be, and I then feel warranted in assuring them that all danger of "flooding" has passed, but I never leave them until I am certain of the fact. When I do leave I give emphatic directions to the nurse for close watching and minute instructions as to what she shall do if there be the least threatening of hemorrhage.

The danger of post-partum hemorrhage in patients with cardiac disease is known to all. It seems to be almost accepted as an axiom with both the profession and public, that the inhalation of chloroform is dangerous for any woman with "disease of the heart." For more than thirty years I have been convinced that this this opinion is quite erroneous, and I have so taught in my lectures and in former writings.

In March 1853, I was called to see the wife of a physician in that city in her fifth labor, and suffering from great dilatation of the left ventricle and mitral insufficiency. When I saw her she had been in the second stage of labor, as her husband said, about one hour, the first stage had been nearly four hours, unattended by any symptoms to cause grave anxiety, but when the expulsive pains began, her condition became rapidly bad. Each pain, which recurred every six minutes, caused faintness, nausea, and slight vomiting, but the pains were much more severe in the chest than in the uterus. Her appearance was appalling, the countenance was extremely pallid, the lips and fingers were cyanosed, the face was covered with large drops of perspiration, and the pulse very weak and irregular. The os was nearly dilated, very soft and yielding, the membranes protruding, but the pains very ineffective. After watching her for a few moments, I regarded her condition as perfectly hopeless and proposed chloroform, solely, in my own mind, with the hope of euthanasia. I began by giving a few whiffs first, as an impending pain was apparent, gradually increasing the amount until she became unconscious during the pains. She was always conscious some time during the interval between each pain.

After a short time, a wonderful change was apparent, her pulse became regular and stronger, while her husband, who frequently counted it, said that it never exceeded 96 a minute; while, before my arrival, it had been 140 in the intervals, but could not be counted during the pains. Her countenance improved in color, and assumed a most placid, contented expression.

During the pains there was no voluntary assistance on the part of the patient, and but slight aid from the accessory muscles. After she had been taking the chloroform an hour the membranes ruptured, and finding the head low down in the pelvic cavity, the position favorable, and the soft parts yielding, I applied the forceps without changing her position in the bed, and in a few minutes she was delivered of a living girl, weighing six pounds and a half. She made a very good convalescence.

In January, 1856, I again attended this lady in confinement. For the three months previous, I had seen her often and had endeavored to lessen the labor of the heart by improving the character of the blood which it circulates by such medicines as the tincture of the Chloride of iron, Chlorate of potassium, and Digitalis. The labor was short and comparatively easy under chloroform and delivery by the forceps. She outlived her husband three years, but died in July, 1860, from Bright's disease and her cardiac troubles.

Since this case I have seen several others in which labor was dangerously complicated with heart troubles, and which terminated favorably, as I think, solely from the use of chloroform. During the past thirty-seven years I have rarely attended a woman in confinement without the use of chloroform — never where she has suffered considerable pain. Having thus used it, in several thousand cases, I unhesitatingly assert that not in a single case have I ever found reason to regret its use.

In addition to my own experience, I have carefully watched for all that has been published on this subject, and I am fully in accord with an eminent authority on obstetric anæsthesia, Dr. J. B. Reeve, of Dayton Ohio, in his assertion that, "The most rigid scrutiny, inspired by hostility, has failed to show that, when judiciously used, it exerts any injurious influence on the mother or child. Chloroform has been used in natural labor many hundred thousands of times, yet but a single case of death is on record, when it was administered by a competent medical man, and in this there is lack of post-mortem confirmation." I would add, that in this case the death was preceded by a convulsion.

In my private practice, I have never had but one case of post-partum hemorrhage, and in this no anæsthetic had been used, as the child was born within five minutes after I entered the room, before I had time to make any examination, and a terrific flooding followed.—*Dr. Fordyce Barker, in Medical News.*

To Ascertain Whether Gangrene is Likely to Follow Severe Injury to a Limb.

In cases of severe injury to limbs, it is frequently difficult to determine whether the blood vessels have been so much injured as to necessarily involve gangrene of the part beyond the seat of injury. Pulsation in the main vessels beyond the seat of injury is often indistinct and difficult to make out, to say nothing of the chance of abnormal distribution of arteries.

The following method of procedure is recommended as being useful to enable a surgeon to obtain an accurate idea of the probability of the circulation being restored:—Gently raise the limb, and keep it raised for two or three minutes, in order to empty it to some extent of blood, then apply a tourniquet or piece of elastic webbing on the proximal side of the injury and keep it applied for about a minute — lower the limb, remove the tourniquet, and if sufficient circulation remains, the part beyond the seat of injury will blush rosy red, and will show in an unmistakable manner the condition of the blood-vessel.

Bleeding points can, of course, be temporarily secured by forcible pressure. This procedure was adopted by the writer in a case of severe compound comminuted fracture of both bones of the leg. The patient was a boy, aged ten, who had been run over by a tramway car in one of the suburbs of Edinburgh, and was admitted to the surgical wards of the Royal Infirmary, under the care of Mr. Joseph Bell. The limb was almost "dangling" and apparently hopeless, but after having adopted the process above described, it was observed that the dorsum of the foot blushed after the elastic webbing had been relaxed. Some pieces of bone were removed, and by drainage and the usual antiseptic treatment of compound fractures, the boy made an excellent recovery with a useful limb.

I think this procedure might be used in order to ascertain whether a finger almost entirely cut through will live. It is recommended because of its simplicity and safety, and if well managed, it gives a very pronounced indication of the condition of the blood-vessels.

Pulsation in posterior tibial or in anterior tibial artery need never be pronounced "doubtful," and although an experienced surgeon takes many inexpressible points into consideration before deciding the question of amputation, the information to be gained by this proceeding will be valuable in many cases.

It may save house-surgeons much anxiety as to whether they are justified in attempting to save a limb very severely injured. If the blush of the return circulation shows itself, the part may be safely pronounced viable.

Although I have not had an opportunity of practicing this manœuvre further than in the case above alluded to, I would suggest that in cases of frostbite, or in embolism — say of the popliteal artery — its employment will promptly show the extent of approaching gangrene. One might thus be enabled to amputate early, and obviate "waiting for the line of demarcation to form," with attendant risk of septic absorption. — *Dr. Lang, in Ed. Med. Journal.*

On the Use of Cocaine in Major Operations.

Although cocaine is in general use in minor surgery, its employment in major operations is still *sub judice.* I venture to think, therefore, that the following records of cases which have just occured in my practice, may prove of interest. A middle-aged man was admitted into the Leeds General Infirmary, under my care, with an epithelioma about the size of a walnut, near the apex of the tongue on its right side. I advised removal by means of the galvano-écraseur, but as the patient ob-

jected to take ether, I decided to operate under cocaine, of which one grain, dissolved in ten drops of water, was injected deeply into the tongue beyond the tumor, the needle of the syringe being pushed up to the hilt, and the fluid expelled in several places as the point was withdrawn. After ten minutes, he assisted by projecting his tongue to its utmost, when I pushed two harelip pins through crosswise, beyond the tumor, the loop of the écraseur being placed beyond them. The included part was removed without difficulty and absolutely without pain; in fact, he exclaimed at the end of the operation, as well as he could with the portion of tongue remaining. "That is up to the mark." He made a good recovery.

The next case is that of a gentleman, aged twenty-six, sent to me by his physician for the purpose of having a very large varicocele excised. He being desirous to do without ether, I injected a grain of cocaine as in the last case, by one puncture just beneath the skin where the incision was to be. After ten minutes, I made the incision, applied a double ligature to the varicocele, excised an inch and a half, and inserted a single suture in the skin, the whole operation occupying about five minutes. He said he felt no pain, and only a slight sensation when the scissors divided the veins. Healing occured by first intention, and he was out on the ninth day.

Until I used cocaine in the above cases, I had only employed it in small operations, such as amputation of digits, removal of ingrowing toe-nail, circumcision, removal of needles from the hand, etc., and in all such cases, I have found it to act much better if, immediately after injecting, a tourniquet was applied to prevent the circulation carrying the drug away from the part to be operated on.

As hydrochlorate of cocaine is very soluble in water, I find it most convenient to carry it in half-grain or one-grain powders, which can be dissolved immediately before use. Only twice have I seen any unpleasant effect follow its employment; once in a circumcision in an adult, when a one-grain injection was followed by faintness and dizziness, which lasted for an hour and a half. Again, in the case of a middle-aged gentleman, who become partly aphasic and unable to write, half an hour after a grain had been syringed into the roof of the nose for the purpose of anæsthetizing before removing a nasal polypus. His symptoms lasted four hours, after which he was perfectly well.—*Dr. Robson, in British Medical Journal.*

On the Treatment of Ganglion.

In the simple variety many modes are open for adoption. If the sac be thin and fragile it may be ruptured by pressure with the thumbs, the parts being first rendered tense by flexion or extension of the joint. If you resolve to attempt rupture of the cyst, I think this method better than banging it with a heavy book, which, though a time-honored method of treatment, yet is rough and unsurgical, and is as likely to lead to rupture of the friendly relations which exist between surgeon and patient as to cause subsidence of the swelling. But some of these little cysts are quite tough and fibrous, and then you may have recourse to the method you saw me adopt the other day. A small, very clean, tenotomy knife is entered by the side of the ganglion, and the cyst cut across, or nearly across, subcutaneously. Afterwards you apply pressure continuously and thoroughly for four or five days. This may be done best by a piece of cork or sheet lead, of proper size and shape, accurately fitted and bandaged. And I remarked to some of you, who were smiling at the care and time we took to accomplish this, that these little cysts were likely again to refill, and that pressure was no immaterial part of the treatment. When circumscribed ganglions are semi-solid, they may be dissected out, using every precaution as to strict cleanliness, with careful dressing and rest of the parts afterwards upon a splint. Other methods of treatment are to inject iodine into them, or pass setons through the cavity. As regards the latter mode, though formerly supported by authority, I think it is now rightly falling into disuse because of the intractable inflammation produced. If ever you adopt it withdraw the seton threads early. Persistent counter-irritation is often tried by patients themselves, or at their request. It is a long and tedious process, and not much to be commended, for the result is often uncertain, and if the walls of the ganglion are strong and thick the treatment is quite unfitted for the disease.

The cure of compound ganglion is more difficult, and not free from risk. It is not hard to understand that a large synovial surface such as this may readily take on suppurative inflammation, when opened. In the

case of the wrist, inflammation may spread imperilling the integrity of the joints of the wrists, of the tendons, or even the life of the patient, from septic poisoning. This sequence of events I have more than once observed. I have seen death from pyæmia follow a puncture of one of these extensive ganglia with a grooved needle, used for what is termed "diagnostic purposes." I do not tell you all this to frighten you away from treating these affections, but I advise you to approach them with circumspection. The operation for their relief consists in fully opening them above and below the annular ligament — I am speaking of the wrist — and the contents, especially the melon-seed bodies, must be quite evacuated. Effectual drainage must be provided for by clean horse-hair or small drainage-tubes. Lastly, most careful dressing must be carried out, and this is done by securing the limb upon a splint, and applying graduated pressure over your dressings so as to cause the sheaths of the tendons to cohere. I would not dogmatize, but will venture to say that these are cases specially calling for strict antiseptic precautions. Movements of the fingers must be early and sedulously performed. Then, in the end, a good result may be hoped for and obtained.

Lastly, I have to speak of the treatment of synovial cysts in the neighborhood of joints. You at once see what dangers may accrue from carelessly puncturing them, or laying them open. If these swellings be small, fixation of the joint, and rest of it, with persistent counter irritation and pressure to the swelling, may cause its subsidence. When the swellings are very large — say the size of an orange — the fluid may be drawn off with a very fine and very clean aspirator needle, and, by the same channel, a drachm of very weak iodine solution may be thrown into the cyst. Afterwards keep the joint strictly at rest, and ward off any undue inflammation as well as you are able. Another plan, which has much to commend it, is the incision of these cysts under the strictest principles of cleanliness. The walls of the sac are dissected away as well as possible, drainage is ensured, the wound is carefully united by sutures, and the surgeon hopes by careful dressing and pressure, to effect the obliteration of the cavity. Passing a seton through these cysts is dangerous, for severe inflammation may be excited by its action, and should this be propagated into the joint cavity destruction of the articulation may result. Had I a synovial cyst in connection with a large joint in my own person, I should try persistently rest and fixation of the articulation, combined with counter-irritation and pressure over the cyst. If the malady caused me very great discomfort, I might submit to antiseptic operation, but I would oppose any one tapping the cyst with unclean grooved needles or trocars for diagnostic requirements or purposes of curiosity. Some of you think that I have dwelt with needless force on the precautions to be adopted regarding the treatment of these simple affections. But I can assure you that it is these and similar slight ailments which we are expected to relieve and cure quickly, easily, and, above all, safely. Septicæmia, from the neglect of care or the ordinary principles of cleanliness, may lead to disaster, which is proportional in its gravity to the slight nature of the malady or operation which occasioned it. — *Dr. Shield, in Practitioner.*

Removal of Superfluous Hairs — Electrolysis.

Until the last two years, in England the removal of superfluous hairs from the face has been an unsatisfactory operation. Superfluous hairs that grow on the face, upper lip and chin of women, and sometimes on the noses of men, are always a source of annoyance, and very naturally they desire to have them removed.

In the summer of 1884 my attention was turned to the removal of superfluous hairs from the face by reason of several cases coming under my notice, the patient in most instances complaining of the very unsatisfactory results obtained from the use of depilatories. In the autumn of that year, in answer to an inquiry in the *Lancet*, I recommended the process of destruction by electrolysis, having then had several successful cases. In consultation with my friend, Dr. W. Kilner, electrician to St. Thomas' Hospital, I devised the apparatus required, that is, I had made for me by Mr. Groves, of Bolsover street, a nice, portable case containing a small twenty-cell bichromate battery, which can be regulated to three powers at will, two ordinary sponge electrodes, two yards and a half wire conductors and a needle-holder, devised much like an ordinary pen-holder. I found, after considerable trial, that toughened gold, well sharpened, was the best material and wore the best.

Now, with regard to the operation. The application of the needle electrode cannot be made without more or less pain, varying much in different patients, no matter how the sponge electrode is applied. I, then, after a prick or two of the needle electrode, brush over the part a five per cent solution of hydrochlorate of cocaine with good result, almost invariably deadening the pain. In one or two instances I have had an anæsthetic administered, but find this is seldom necessary, as the pain is slight. The operation can now be proceeded with. The negative needle electrode is plunged into the root of the hair for about one-sixteenth of an inch, and the positive electrode sponge is applied in the immediate nighborhood. The needle should be kept in for about the space of five seconds, then the sponge electrode should be removed and afterwards the needle electrode. To know that the operation is effectual the needle should produce slight frothing of the tissues. The hair destroyed can now be easily epilated with an ordinary pair of dressing forceps, and it should come out without the slightest adhesion. This operation applies more especially to hairs that are noticeable to the naked eye. Fine downy hairs can always be destroyed by the application of a properly made depilatory. A slight inflammation of temporary character occurs for an hour or two after the operation in the destroyed follicle; this can be controlled by the use of a soothing lotion. The operation, if carefully done with a battery in good working order, is invariably successful, especially if the hairs are few and of good size — from a quarter to half an inch long. If many hairs have to be removed, then several sittings will be required, at intervals of about ten days. A hundred hairs can be removed at a sitting. The following cases may serve to illustrate the operation.

1. A young woman, aged 32, consulted me on March 15th, 1884, with superfluous hair on the upper lip and chin; she had pulled them out herself, and there remained about a hundred short, dark, stumpy hairs. I removed in two sittings as many as I could see; for the removal of the remainder I prescribed a depilatory for her to use. I recently saw the patient, showing the result of the operation to be successful.

2. In August, 1884, a young lady, aged 30, was sent to me from the north of England, who had had a superfluous growth of hair on the upper lip and chin for about five years. I removed all I could see in two sittings. I heard recently that the operation was successful.

3. I removed a patch of superfluous hair from the neck of a young lady last August, and I received a letter from her mother last week to say the operation was successful.

4. In October, a young woman came to me to have a large quantity of hairs removed from the chin and upper lip. This was the worst case I have had, both from the number of hairs, their depth of growth, and the extreme sensitiveness of the patient to electricity. I used the electrode with difficulty after painting the skin with a 5 per cent solution of hydrochlorate of cocaine, and could only remove about fifty at a sitting. After seven sittings I have nearly accomplished their removal.

5. A gentleman consulted me in the summer of 1885 for a few superfluous hairs on the tip of the nose. I removed these at one sitting, the result being successful.

6. In July, 1885, I removed about fifty hairs an inch in length round the nipples of the breast of a young woman, also some from her upper lip. One operation proved successful. — *Dr. Startin, in Lancet.*

The Stomach.

1. The position of the stomach is more nearly vertical than horizontal.

2. An empty stomach, if in good tone, is always tubular.

3. A tubular stomach should be the rule on rising.

4. Non-irritating liquids pass directly through the tubular stomach.

5. They do likewise if the stomach contains food, and in such cases pass along the lesser curvature.

6. The morning mucus contained in the stomach hinders or retards digestion.

7. Water drank before meals dilutes and washes out the mucus, stimulates the gastro-enteric tract to peristalsis, and causes hyperæmia of its lining membrane, thus greatly aiding digestion as well as elimination.

8. Cold water should be given to those who have the power to react, while warm or hot water must be administered to all others.

9. Salt added to the water is beneficial in preventing the formation of unabsorbable parapeptone.

10. It is perfectly proper to drink water before, during and after meals.— *American Lancet.*

Kneeling Posture in Protracted Labor.

Mrs. J ——, a short, fat woman: In her first labor, the progress was very slow and painful. The pains had lasted twenty-four hours before the os had dilated sufficient for the head to descend. But it did not descend, nor did it progress beyond that stage, notwithstanding the use of the hot sitz bath, the douche, Caulophyllin and Cimicifuga. I wasted six hours, the soft parts became hot and swollen, and the woman showed signs of severe exhaustion. The long forceps were applied, but my strength was not sufficient to move the head. I called on Dr. Geo. A. Hall, who used another kind of forceps and succeeded after nearly an hour of forcible traction, with the aid of an assistant. The perineum was badly ruptured, was sewed up immediately, and the patient made a good recovery.

Three years after, the same history was repeated.

Four years later the woman was again taken in labor. The os rapidly dilated, but the head became impacted at the same spot. It occurred to me to suggest to the patient to kneel down by the bed. After assuming this posture the pains immediately became more violent and expulsive. She did not have more than six or seven before, placing my hand on the perineum, I found it was rapidly distending, and another pain expelled the child. There was no rupture of the perineum; recovery, rapid. If she had assumed this posture with her first labor, would the child have been born naturally?

I think not, owing to her peculiar physical conformation.

With the second child, the result of the kneeling posture might have been successful. In a fourth labor she assumed the kneeling position, at about the same stage of labor, and the child was born before any physician could be procured. I have often seen protracted labors rapidly terminated by the same procedure.

A very plausible explanation of delayed labor in the second stage, is given by Lusk. "It is either due to exhausted nerve power, or *excessive uterine retraction:* in the latter case the withdrawal upward of the uterine muscle, and the consequent lessening of the intra-uterine pressure." He quotes Hofmeier, who reports a number of instances when the head rested on the pelvic floor, that the ring of Bande, which was made by palpation through the abdominal parietes, was situated at from five to seven inches above the symphysis pubis, so that the contractile portion of the uterus covered not more than one-third of the fœtus. Under such circumstances, while the patient suffers from intense pain, the contractions of the partially emptied uterus do not possess the force to overcome the resistance of the rigid perineum. I have observed several instances of this kind, when the kneeling posture caused the retraction to give way.

But in the case of Mrs. J— and some others, this could not have been the condition present, unless the contraction with retraction of the uterus occurred at an earlier stage, for the head had not descended sufficiently to press on the perineum. While the presentation appeared normal, the head did not descend; there was no *flexion.* Perhaps this non-flexion was the cause of the arrest of labor. But why does the head *not* flex? I believe it is because the expulsive force is not applied in the proper direction. Nor can it be applied while the woman is in any other position than *kneeling*, with the body bent forward. One peculiar symptom observed in these cases is, that the vagina, which, previous to the arrest of labor, seemed open enough — soon after the descent of the head was arrested, appeared to "fill up," and the head actually seemed higher than before. This would imply that the so-called "tonic retraction" may occur before the head reaches the floor of the pelvis.

Patients delivered in this position usually kneel on a pillow, with the knees apart, and the arms upon a chair, bed, or lap of an attendant. The physician takes his seat on a low ottoman on her left side, and placing his hand on the perineum, watches for the descent of the head. There is no fear of the child being precipitated from a height with injury to itself or its mother. The space between the uterus and the pillow upon which the patient kneels is so small that the head of the fœtus is arrested before the whole of the body is expelled, and the average length of the funis is sufficient to prevent it dragging down the placenta or uterus, even if the accoucheur did not attend to the taking of the child. The posture is strictly scientific, for when the woman is thus placed the outlet of the pelvis rests perpendicularly and the greatest gravitory influence of the fœtal head is secured. More than this, the expulsive

efforts of the woman can be exerted with far greater force and ease than in any other position.

As the trunk of the woman is bent forward, the propelling forces of the abdominal muscles are exerted at a proper angle, to best insure flexion of the fœtus through the curve of the genital canal.

If accoucheurs will carefully consider the many mechanical reasons for the use of this position during the second stage of labor, they cannot fail to be convinced of its utility. It certainly ought to be tried in all cases of lingering labor in the second stage before we resort to the forceps.—*E. M. Hale, in Hom. Jour. Obst.*

Lacerated Perineum.

Lacerations of the perineum are the great field for the labors of the minor gynecologists. Fifteen years ago I accepted as finally settled the doctrine that perineorraphy was always indicated; that it prevented septicæmia, and that the formation of cicatricial tissue was thus avoided, and hence, reflex neuroses were prevented. To-day I treat all cases of lacerated perineum, except those in which the sphincter is torn through, without operation, with better results as regards the laceration, and with much better success as regards the general health of the patient.

Before giving the clinical grounds on which my present position in regard to perineorraphy is based a few surgical principles may be briefly discussed. Perineal lacerations are lacerated contused wounds. Billroth says concerning these: "One very important circumstance is that in contused wounds the nutrition of the edges of the skin and soft parts is more or less extensively destroyed or impaired, or, to express this anatomically, the circulation and nerve influence in the borders of contused wounds are more or less lost. This, at once, prevents healing by first intention, which requires perfect vitality in the surfaces of the wound. This observation causes us to introduce sutures, or try to form firm union by plasters, very rarely." Such are the surgical principles which underlie the treatment of contused wounds generally, and it is a striking illustration of the one-sidedness of modern gynecology that they should be ignored in the treatment of contused perineal wounds. But since they are ignored, it is certainly not surprising that, as many gynecologists admit, immediate perineorraphy yields exceedingly unsatisfactory results.

Immediate perineorraphy is unphysiological, because the newly-delivered female is in a state of general depression, and hence repair occurs under disadvantageous circumstances. The morale of the lying-in woman is usually bad, and the idea of an operation inflicts a shock. Reflex neuroses are regarded as a myth by most neurologists, and are more likely to be produced by the small perineal body resulting from cicatrization after immediate perineorraphy, than from cicatrization. The successes of the gynecologists are based on imperfectly observed cases; the general practitioner, seeing the patient after the period of expectancy has passed away, notices that the result glowingly prophesied by the gynecologist has not been obtained.

Whenever a laceration occurs in my practice, I place the patient on her side, bring the knees together, secure apposition by means of pads, placing absorbent cotton over the laceration, and wash the parts with an antiseptic alcoholized aqueous solution. The results are excellent. If perineorraphy be needed, it can be much more easily performed, with better chances of success and less discomfort to the patient, two months after delivery than during the lying-in period.—*Dr. Norcom, in Med. Standard.*

Cocaine in Removal of Adenoma of the Breast.

Mr. E. F. Grun (*Lancet*, June 18,) gives the case of a lady suffering from a tumor of the breast about the size of a walnut. She had a great objection to either chloroform or ether. The breast was first smeared with a five per cent solution of oleate of cocaine, which absolutely deadened the pain of the hypodermic needle; then a mixture of a saturated solution of cocaine with the hypodermic injection of morphine (B. P.) was injected over the two extremities of the tumor. In five minutes all sensation had disappeared over an area of about three square inches. An incision two inches long was now made, the raw surface painted with a saturated solution of Cocaine, and the tumor gradually dissected out. The operation lasted about an hour and a half, during which time the patient was repeatedly asked if she felt pain; she stated that she felt no pain whatever.

Rest as a Factor in the Treatment of Trichinosis.

A mother and two young children were the victims of the disease.

The muscles of the extremities, and particularly those of so-called coarse fibre, were the first to be attacked.

The acme of the disease occurred when the diaphragm and other respiratory muscles were invaded, and the respiratory function was thereby interfered with.

The recorded exacerbations in each instance were marked by the implication of muscles previously uninvolved.

The most careful scrutiny of the contents of the alimentary canal, after, or at the same time of each relapse, failed to produce any evidence of the presence of parent trichinæ, or of the evolution of a new generation of their offspring.

Full doses of alcohol, ammonia, quinine, and glycerine, sponge-bathing and nutritious food constituted the main treatment from first to last. Perfect rest was enjoined upon the patients. On the first day mercurial purgatives were given to the mother and son, but withheld from the younger child on account of her apparent exhaustion and the existence of a slight diarrhœa.

Each relapse was preceded by an imprudent infraction of the rule of rest.

It seems to me to be a well-sustained conclusion that the aggravated relapses noted in these cases, and so often observed in the course of this disease, are not, as is commonly supposed, due to the birth of new generations of trichinæ in the intestinal track and to their subsequent invasion of the muscular system, but are rather caused by the migration of the parasites from muscles already affected to others which have previously escaped their attack, or are less favorably situated for their chosen habitat.

Excessive restlessness or any indulgence in muscular exercise, is, I believe, often responsible for this disturbance of the trichinæ from the abode they have primarily selected, and for their re-emigration to other muscular areas. If these observations be well taken, the conclusion I have reached has a large measure of practical importance. Rest is the *sine qua non* of treatment in trichinosis. All authorities agree that the safety of the patient is subserved by the speedy encystment of the trichinæ in the muscular tissue. Anything, therefore, which hinders the attainment of that desirable end and causes the parasite to "swarm," as it were, in search of other opportunities of undisturbed abode, is prejudicial to recovery. This fact suggests the wisdom of confining the patient to a condition of absolute recumbency in bed, and of using suitable sedatives for the control of undue restlessness and nervous excitement.—*R. O. Beard, in N. W. Lancet.*

Stricture of the Urethra in Women.

I make use of graduated steel sounds, the same that I used when in general surgical practice to treat male stricture. The action is twofold — to dilate and to cause gradual absorption of the constricting exudate. In strictures of large size, forcible dilatation or divulsion may be used; but I doubt the utility of this method in rigid strictures of small dimensions, as I believe it would be found necessary to supplement the operation by the use of the sound to prevent contraction. The treatment, made two or three times a week, extends over a considerable length of time — from two to three months; but the relief given to the patient early by the use of the sounds is very satisfactory. As dilatation of the urethra is no more important than the absorption caused by their use, the latter implies a more or less prolonged treatment.

I believe any one can verify my position upon this subject by the habitual examination of the urethra with the exploratory bulbs in every case of pelvic disease that presents itself for treatment. The usual practice is not to explore the urethra, except when urinary symptoms are present, and then either by the sound or by some form of urethral speculum. My own experience is that one may learn more by the thorough way in which you can *feel* the conditions of the urethra by the properly selected bulb than by seeing. Speculum or endoscopic examination of the female urethra is a very unsatisfactory method compared with the touch. Here, as in other pelvic diseases of women, the gynecologist ought to make his diagnosis by the touch. As women are extremely sensitive in the urethra, cocaine should be used both in examination and treatment. In the examination the solution ought to be employed of full strength — 5 per cent — as the passage of the bulb is much more painful than that of the sound.—*E. Van de Warker in Med. News.*

Lead Poisoning.

The first symptom of lead-poisoning is primitive saturnine intoxication — a blue line on the gums close to the edge of the teeth, caused by sulphide of lead. This is followed or accompanied by a peculiar metallic taste in the mouth and odor in the breath, a jaundiced skin and eyes, weakness, loss of appetite, emaciation, constipation, and the consequent complications. There are four definite manifestations of lead-poisoning, which may be described as follows:

First. Lead colic (colica pictonum, or painter's colic). Violent pains in the abdomen relieved by pressure; hardness and retraction of the abdomen, obstinate constipation, slow, hard pulse, and other symptoms before mentioned, notably the blue line on the gums.

Second. Lead rheumatism or arthralgia. General rheumatic pains, not accompanied by redness or swelling; relieved by pressure and increased by motion; cramps, hardness, and tension of parts affected.

Third. Lead palsy or paralysis, affecting either motion or sensation; frequently loss of voluntary power over the extensor muscles, often affecting the arm and forearm, causing wrist-drop, which is difficult to cure.

Fourth. Disease of the brain and spinal cord; paralysis, delirium, convulsions, and coma.

The proper general treatment for lead-poisoning is with sulphurated baths, designed to form an insoluble black Sulphide of lead with the lead salts on the skin. Give sulphurous acidulated drinks for the same purpose — Epsom salts, (Sulphate of magnesia) with lemonade or water acidulated with dilute Sulphuric acid. The laxative action of the Epsom salts will aid in carrying away the insoluble salts of lead formed by the sulphur. Small doses of Potassium iodide are also used to dissolve the lead in the tissues and to eliminate it through the skin and kidneys. Electricity and Strychnia should be used in case of paralysis. When a poisonous quantity of some lead salt has been swallowed, give strong Epsom salts in luke-warm water. If vomiting does not ensue, give, according to age, a few grains of Sulphate of zinc, dissolved in warm water, and repeated every fifteen minutes until vomiting occurs.

Persons exposed to lead should use sulphur water and soap for bathing; sulphuric acid lemonade for drinking, and should frequently employ laxatives to clear the system. This practice should be enjoined on painters, workmen in lead manufactories, etc. Cases of this kind, if promptly met by intelligent treatment, may often be shorn of their awful aspect.— *Medical Register.*

Vaginal Pressure in Chronic Pelvic Disease.

Dr. V. H. Taliaferro, Atlanta, Ga., has presented many arguments to prove the therapeutic efficacy of pressure applied to treatment of pelvic organic diseases, characterized by habitual passive congestion and its results: uterine displacements, enlargement, relaxation, cervical erosions, menstrual disorders, etc. The method consisted in firmly packing the vagina with carbolized wool; the patient in the knee-chest posture. Dr. Taliaferro first used cotton pledgets, saturated with glycerine, but very soon substituted wool, because of its resiliency, a quality retained under pressure and moisture. He emphasized the importance of applying the tampon with the patient in Sim's position, that the vaginal canal should be distended to its utmost capacity. The first few pieces composing the tampon should be of cotton, since a greater amount of glycerine could be incorporated with it than the wool. The therapeutic effects of this treatment are as follows: 1. It diminishes blood supply and nutrition. 2. It promotes absorption. 3. It removes hyperplastic tissue by retrograde metamorphosis. 4. It diminishes nervous action. 5. It rectifies malpositions. Since then I have used it in many cases of chronic pelvic disease, and am able to corroborate the favorable statements that have been made concerning its efficacy.— *A. Reeves Jackson, in Med. Standard.*

Pruritus Ani.

Treatment. — The patient should be instructed to wash his anus well with a cloth and cold water after each action of the bowels, and then to bathe his anus with the following wash:— ℞, Hyposulphite of soda, ℥ ss.; carbolic acid, ℈ ij.; distilled water, ℥ iv.; glycerine ʒ ij, Mix. Sig. Shake the wash well, and use freely after first thoroughly washing the anus with cold water. In addition to this treatment, the patient must every night or two, after undressing for bed and drying his anus, lie upon his face, and with his hands behind him, separate his nates as

widely as possible, and be instructed to strain as at stool, and while thus straining the bowel will protrude, and while the bowel is protruding in consequence of the strong effort, five or ten grains of iodoform must be sprinkled upon the anus from a knife or spatula by an assistant. The minute eruption which causes this most distressing itching will be found most abundant at the junction of the mucous membrane of the rectum and the skin of the anus, and it is at this situation that the application does most good. The patient should allow the iodoform to remain in the position of its application during the night, repeating during the day his ablutions of the anus after each action. The probability is that after two or three nightly applications of the iodoform all pruritus will disappear; but the patient should be directed to have the application of the iodoform continued three or four times a week until he is entirely relieved. I have never known a case to resist this treatment; and frequently washing the anus well, and nightly applying the iodoform, is the only treatment I prescribe.—*Dr. Johnson, in Dublin Jour. Med. Sciences.*

The Prophylactic Significance of Epistaxis.

Epistaxis, when in considerable amount and persistent, coming on after a blow or a fall upon the head, is of evil prognostic import, pointing, as it usually does, to fracture of the base of the skull. When occurring at beginning of an eruptive fever, nose-bleed should cause no alarm; but when it comes on during or after the period of eruption it is of graver import, since it is then usually an indication of malignancy or of a hemorrhagic tendency in the disease. When it occurs frequently in pertussis it is a bad sign, not necessarily portending death, but indicating that convalescence will be slow, by reason, probably, of the anæmia induced by the repeated losses of blood.

In typhoid fever epistaxis occurring at the beginning of the disease is of rather favorable prognostic import, or, at least, it does not forbode evil, but when it appears late in the course of the affection it is a grave sign, indicating profound changes in the blood, and often being only a precursor of dangerous intestinal hemorrhage. In diphtheria nose-bleed is not a favorable symptom, as it is usually an indication that the local diseased process is spreading, and that it has begun to invade the mucous membrane of the nasal cavities.

Repeated attacks of epistaxis in the later stages of Bright's disease are of evil augury. In such cases the hemorrhages may not infrequently be regarded as an evidence that the coats of the arteries have undergone atheromatous changes. In the malarial cachexia, also, the frequent recurrence of nose-bleed is an unfavorable symptom. Epistaxis occurring in the aged suggests the danger of cerebral apoplexy, yet its occurrence in such cases cannot be regarded as an evil, since its effect is undoubtedly to relieve cerebral congestion.—*Med. Record.*

Carbolic Acid Injections in the Treatment of Carbuncle.

The carbolic acid injection has the effect of stimulating the circulation of the parts involved in the diseased action with which it is brought in contact, thus enabling them to repel this tendency to sloughing. It acts as a local anæsthetic; together with the external application of belladonna, removes to a great extent the usual necessity for the internal administration of sedatives to obtain sleep and lessen pain. The antiseptic and antiputrefactive qualities of the acid reduces the danger of pyemic symptoms to a minimum.

When first seen and recognized to be a carbuncle in its formative stage, make a small opening with a sharp pointed bistoury in the centre of the swollen and inflamed structure just large enough to allow the easy introduction of the nozzle of a hypodermic syringe, which has been previously charged with a fifty per cent solution of carbolic acid in oil or water, and after passing it a short distance into the central forming slough, press the piston sufficiently to expel a drop or two of the contents of the syringe; retract and deflect the point of the syringe as you reintroduce, and repeat this until you have insinuated the solution into a considerable area of the interior of the commencing carbuncle.

It is the best manner of treating carbuncles and furuncles yet proposed, doing away with the useless, painful and unnecessary destruction of tissue caused by crucial incisions.—Dr. Richardson, in *Medical News.*

[We have used this method of treating carbuncles for several years, and never yet failed to abort them when the treatment was begun early.—Ed. Era.]

MISCELLANY.

American Institute.—The new officers are:
President—Dr. A. C. Cowperthwaite.
Vice-President—Dr. N. Schneider.
Secretary—Dr. Pemberton Dudley.
Treasurer—Dr. E. N. Kellogg.

Dr. Griffiths, of Springfield, Illinois, says that homœopaths are diminishing in that city, also the number of the laity who desire such treatment.—*Am. Lancet.*

What have you to say to this, Vincent? Is it true, or only another campaign lie?

The bulk of the evidence of the English Commission is favorable to M. Pasteur, and the whole report may be regarded as the most powerful defence of his methods that he has yet secured.—*Medical Register.*

Lacerations and first labor.—Dr. James Braithwaithe in the *Lancet*, claims that perineal lacerations are less common after first labors than after subsequent labors. Despite the common opinion to the contrary, it is probable that this opinion is correct, for the most care is taken at the first labor.

The second edition of Prof. Clifford Mitchell's valuable work, "Practitioner's Guide to Urinary Analysis," is ready for delivery. The book has been rewritten and thoroughly revised, and is handsomely printed and bound. It is acknowledged to be the best work on the subject for physicians, and has had a very wide sale.

In a late issue the *Boston Medical Journal* gives a full account of a call for a prominent doctor, at midnight, to visit a sick person in a certain house. Ere entering this house he was attacked by an armed person. He escaped safely. On the following day he found that no person in said house had sent for him.—*Am. Lancet.*

Stenocarpine. Since Dr. Hale's article was put in type, he has received a letter from the botanist of the Agricultural Department, Washington, Dr. Geo. Vasey, who suggests, that the tree growing the leaves is the *Accacia Farnesiava*. This species is not native, but was introduced into Louisiana by the early Spanish and French settlers. Its description compares closely with the tree Dr. Goodman describes.

HOMŒOPATHY IN COOK COUNTY HOSPITAL.

The last number of the *Medical Record* has the following Editorial:

[It may be said for the information of the *Record* that the assignment of patients is, and always has been, in the hands of the "regulars;" hence, if there is any discrimination (which is probably not the case) it certainly is not in favor of the Homœopathic wards.

We invite the "examination" suggested, with the assurance that it will only serve to reflect greater credit upon the homœopathic treatment.—Ed. Era.]

MIXED HOSPITAL BOARDS AND THE MORTALITY-RATE.

The annual reports of the Cook County Hospital reveal some facts in which the profession should feel some interest. On the opening pages we find a list of the members of the "regular medical board," and below of the "homœopathic medical board." Such juxtaposition seems a little at variance with conventional ethics, but in this we may be mistaken.

The point that is of real importance is, that both in its totals and in the medical and surgical departments, the mortality of patients treated by the homœopathic medical board is less than that of the regular board. And this is true not for one year, but apparently for a series of years. For example, in 1884 the mortality on the regular medical side was about $\frac{1}{11}$ of the total treated (406 to 4, 692), that on the homœopathic side about $\frac{1}{9}$ (103 to 1,242).

In 1885-86 the figures were for the regular school $\frac{1}{13}$ (448 to 5,909) to $\frac{1}{14}$ (105 to 1,532), and a similar excess of mortality-rate is carried through the medical and surgical departments.

It is possible that the cases sent to the homœopathic side are of the less severe and acute character. Unless some such explanation as this exists, the reproach upon the skill of the regular medical staff is a severe one. Hospital statistics are extremely fallacious things, to be sure, and no inferences should be drawn from them without careful examination. But in the Cook County Hospital such examination seems demanded.

Make it Short.—The Medical Era does not want long articles. Readers of medical journals demand variety, and it is impossible to satisfy this demand if there are long articles, taking up page after page. No writer, in dealing with a subject, should require more than three, or, at the most, four pages the size of the Era. It must be something of extraordinary importance to require more space than this. Two pages are still better.

Faith-Healing.—A family living in the city of St. Louis had a daughter who was very ill. The members of this family were well acquainted with one of the leading advocates of faith-healing in the East, who made her case a subject of prayer, and wrote her a letter declaring that she would certainly be cured, as the Lord had revealed it to him. The letter arrived in St. Louis one day after her death.—*Rev. Dr. Buckley, in the Century.*

I use a towel wrung out of hot water, and apply over uterus, for nervous rigors during labor. I find it gives much comfort to the parturient woman. Don't know that this is new, but nevertheless think it may be of service to those who have never used it. I confined a patient last winter, with rigors so severe that she shook the bed violently; used the hot water as above described, and before the first application was cool, she was as quiet as if morphia had been given. Keep the water at your side during labor, and when you notice the first shake (matters not how slight) lay on your towel.—*Med. World.*

It seems now to be definitely settled that many of the severe forms of paralysis found after diphtheria, are not due, as was once believed, to myelitis, but to a toxic inflammation of the peripheral nerves, analogous to, though more intense than that found after alcoholic poisoning. A most remarkable observation has been made in a number of cases simultaneously recorded on both sides of the Atlantic; namely, that fatal paralysis of this kind may occur in cases where the throat symptoms are so slight that their diphtheritic nature could only be proved by the severity of the paralytic sequelæ. In one such case death occured after nine months, and Kast of Freiburg found the brain and cord healthy, but generalized peripheral neuritis was present.—*Medical Register.*

As this is the season for "Summer Complaints," and they are receiving attention at your hands (as they should) I thought it well to add my mite to the flood of suggestions which might be serviceable to some *regular* who, like myself, cannot rake together faith enough to believe in any little dose to control a large disease. When the little patient is being drained of its vitality with the discharges every fifteen or thirty minutes, to me it is hard to believe that a dose of Ipecac which contains but ½ M. of the fl. ex. of the drug at most, can have any effect toward damming up such a stream. But when the cordials have failed, the chalk mixtures have disappointed, and the mother is getting nervous, and the father begins to suggest that Doctor—(the little pill man) come in and see the case with you, etc., then is about the time that the regular doctor is willing to accept any lever which will lift him out of the hands of the irregular, and save his patient and his customer.—*Correspondent of the Med. World.*

In the Paris *salon* for 1887 is a picture entitled, "A Clinic at the Salpetriere," representing Charcot giving a clinical lecture on hysteria. The most interesting feature of the painting is a young girl in the arms of Dr. Babinski, Charcot's assistant. She is having a violent convulsion and has succeeded in disrobing herself almost to the point of nudity, while the throng of students are eagerly watching the symptoms of the disease (?). The French medical press justly condemns this unique method of advertising as derogatory to the dignity of the profession. It is claimed that the picture of the girl affected with hysteria has taught many a mademoiselle to have convulsions in the latest and most approved fashion.

The Medical Era has received the following college announcements:

New York Homœopathic Medical College and Hospital, session of 1887–88. Regular lectures begin Wednesday, Oct 5th.

Hahnemann Medical College and Hospital, of Philadelphia. Session opens Oct. 3rd, 1887.

Pulte Medical College, Cincinnati. Session begins Wednesday, Sept. 28th.

Hahnemann Medical College and Hospital, Chicago. Session opens Sept. 20th.

Chicago Homœopathic Medical College. Session opens Sept. 20th.

Homœopathic Medical College, of St. Louis, Missouri. Session opens Sept. 14th.

The Southern Homœopathic Medical Association, will hold its 4th annual meeting in New Orleans, Dec. 14–16, 1887.

C. G. Fellows, M. D., Sec.,
New Orleans, La.

A New Battery.

A Battery that contains no acid, and requires no attention for a year, is a desideratum for which physicians have long been seeking. Such a battery is now made by the Galvano-Faradic Co., 300 Fourth Av., New York. Read their advertisement in this issue.

Rice Carriage Springs.

We have ridden a great many miles with the Rice Springs, and can testify that they are easy on the wheels, easy on the wagon, easy on the rider, and easy on the horse. The Rice Springs are the *best* that we have ever seen, and meet every indication for the physician's use.

MENTAL GYMNASTICS. — This useful little book by Dr. Miller is so well known that it calls for no extended notice. It is now in its fourth edition. It is for sale by Gross & Delbridge; Price, $1.00.

THE A. T. & S. F. This great line to California will soon have a magnificent depot in Chicago, and it will then be the only road which will run trains over its own track from Chicago to the Pacific Coast. Raymond, of Boston, has already made arrangements to carry thirty thousand tourists to California over the Atchison, Topeka and Sante Fe — or, the *Sante Fe*, as it is familiarly called. In Southern California it taps a country which is fast becoming a favorite resort for those who seek a genial clime, with plenty of fruits and flowers.

PRACTICE FOR SALE.—A Lady Physician offers for sale a fine growing practice (of not quite two years' growth) in a town of over 40,000 inhabitants. Income the last year nearly $3,000. One of the finest opportunities ever offered. A lady of good address will hold all the practice. She has also for disposal a Physicians' Coupe (Stone's manufacture, Chicago) that is worth $1,000 a year as an advertisement. Terms very low, reasons for selling, failing health. Address

MARY C. FARNHAM.
Topeka, Kan.

She Passed Away in a Stupor.

ROCKFORD, ILL., August 9th, 1887.

Editors Medical Era:

The enclosed clipping I take from an article entitled "Death of a Bride of a Month," which appeared in the *Rockford Register* of the 8th inst.:

A week ago Thursday the intense heat and a slight indisposition precipitated a serious attack of cholera morbus. Mrs. Lucre suffered terribly the first night of her sickness, and her friends feared death at that time. The strenuous efforts of the physicians, however, pulled her through the worst of the sickness and by Wednesday last she was so far recovered that she was able to be up, and went out on the lawn. The next day she took a sudden relapse from some unknown cause, a drink of water might have occasioned it, and was prostrated with a second and more aggravated attack. Drs. Fitch, Kimball and H. W. Tebbetts were all called to attend the sick woman. Their united efforts were unavailing to stay the progress of the disease. The unfortunate woman suffered great pain, and at the close was delirious most of the time, though she recognized her husband and friends yesterday forenoon. She was given a powerful hypodermic injection yesterday to allay her suffering. She passed away while in a stupor or sleep produced by the injection.

It occurred to me that perhaps you could inform your homœopathic readers, at what stage of an acute disease not necessarily fatal in character (such as cholera morbus) it is justifiable to administer a powerful hypodermic injection of morphine, so that the patient passes away in the "sleep" produced. Are there not other, and, perhaps, more simple methods of speedy despatch that might be recommended? I have interviewed the reporters, and learned that the facts are as stated. I should be pleased to hear from you in the next MEDICAL ERA.

Fraternally, W. A. BOYD, M. D.

P. S. The attending physicians were of the old school. W. A. B.

[It is not difficult to express an opinion on the above case. In reply to Dr. B.'s question, we may say that a dose of Strychnine, or Prussic acid, might have been more speedy, but scarcely less fatal.

The probability is that any homœopathic physician in the land would have been able to carry this case through to recovery, and the treatment which it received at the hands of the three allopaths was little short of criminal. It was a sacrifice of human life which could never occur under our method of practice.—ED.]

PERSONALS.

Dr. D. A. McLachlan is now sole editor of the *Medical Counselor*, vice Arndt, retired.

Dr. W. H. Caine, of Stillwater, Minn., is vice-president of the Western Academy.

Dr. C. M. Goodwin is the newly-elected Dean of the Minnesota Homœopathic Medical College.

Dr. C. C. Huff of Huron, Dakota, has been commissioned Surgeon-General of the Dakota National Guards.

Dr. Wm. H. Hunt, of Covington, Ky., Prof. of Obstetrics in Pulte, is visiting his brother, Dr. L. H. Hunt, in Boston.

Dr. P. W. Soule of *Monson*, Mass., (not Warsaw) is the inventor of the new stethoscope that has found so much favor.

Dr. Oscar Leseure, who acted as foreign correspondent of THE MEDICAL ERA during his residence abroad, has located in Detroit, where he has entered into partnership with Dr. R. C. Olin.

Dr. F. R. Day in a private letter from Honolulu, writes:

One of the improvements made by the new Cabinet is putting Dr. Trousseau in the President's chair of the Board of Health. He is a son of the famous Dr. Trousseau, of Paris, and a man of marked ability and great refinement. He was banished from France for some political offense committed years ago. I find him a very pleasant man to know.

Dr. H. D. Champlin, of Cleveland, whose excellent paper, in last month's ERA, on Gelsiminum has been highly complimented by several of our correspondents, writes in answer to an inquiry: "In intermittents, labor, catarrhs, pneumonia, bowel difficulties and diseases of the male and female sexual organs, I have found the tincture of Gels. to be of most service; in nervous troubles, the 30th or 200th, with a leaning towards the latter."

THE OXYGEN TREATMENT. — The leading members of the profession are taking the "Oxygen Treatment" out of the domain of charlatanry, and placing it on a rational basis. Gross & Delbridge have for sale Oxygen, compressed in cylinders, ready for immediate use. Write for prices. Dr. De Souchet makes a superior article, which gives perfect satisfaction.

OBITUARY.

AT his home in this city, Wednesday, August 17, of apoplexy, Frank H. Newman, M. D., in the forty-third year of his age.

It is with deep and sincere regret that we are called upon to chronicle the death of our colleague, Dr. Frank H. Newman. In the prime of his life, suddenly and unexpectedly, he has been called from the scene of his labors and the midst of his friends.

For three years, Dr. Newman had been a member of the Homœopathic Medical Staff of Cook County Hospital, in which capacity he served with marked ability, enjoying the confidence and esteem of his colleagues. Both in and out of the profession he had many friends, and no enemies. In his contact with others he was kind-hearted, and conscientious in all his dealings.

He was earnestly devoted to his profession, and had made for himself such a record as a skilful surgeon that he also held the position of Assistant Surgeon of the First Regiment, Illinois National Guards.

At any time Dr. Newman's death would be deeply mourned by all who knew him, but it is peculiarly sad that he should have been taken away so early in the course of a most promising and useful career, while apparently in perfect health.

The funeral services were attended by military honors, and an escort accompanied the body to the East, for burial.

At the regular meeting of the Homœopathic Staff of Cook County Hospital, Aug. 31, the following memorial resolutions on the death of Dr. F. H. Newman, were passed:

Whereas, Our colleague, Dr. Frank H. Newman, has been summoned by death from his field of labor,

Resolved, That we, the members of the Homœopathic Medical and Surgical Staff of Cook County Hospital, have heard with deep regret of the sudden decease of Dr. Newman, and desire to express our sense of the loss sustained, not only by ourselves, but by his many friends, and the profession at large;

Resolved, That by his upright character, by his conscientious devotion to his duties, as well as by his great personal worth, he has established for himself a name which will ever be held in kindest remembrance;

Resolved, That we extend our sincere sympathy to his bereaved widow, and cause a copy of these resolutions to be sent to her, and to the homœopathic journals for publication.

Bromidia.

The U. S. Circuit Court, for the Eastern District of Pennsylvania, has issued a final decree against D. W. Gross & Son, forbidding them to make or sell any preparation labelled "Bromidia," or any colorable imitation of this name.

This is the second decree granted in favor of Battle & Co., Chemists' Corporation, in the last two months. It is not likely that others will very soon infringe their rights to "Bromidia," which they have made so well known in all parts of the world.

Gonorrhœa and Gleet.

I find Kennedy's Pinus Canadensis *superior to anything* I have ever used in the treatment of gonorrhœa and gleet. The first I ever saw of the remedy was in the year 1875, a friend of mine gave me a half pound of it while I was visiting Lafayette, Ind., and I have used it ever since, *and can't think of using anything else as an injection.* I have gained a reputation without a rival in this part of the country. In the last year I have treated obstinate cases that have been made so by unscrupulons treatment; in some of those cases I have used it internally in connection with Tincture of Cantharides and Cubebs given in large doses. I always give it internally where the discharges are tedious and hard to control. As an injection I use nothing else; however, I prefer the dark and believe it superior to the white, although it may be a peculiar notion of my own. I shall continue to use the old reliable until I am convinced. It is the remedy for the young physician to depend on, for in it he finds all that can be asked for from any remedy, and *it is perfectly safe.*

Elwood, Ind. J. L. Spitzmesser, M. D.

Theine in Neuralgia.—On account of the low solubility of Theine, Dr. Mays advises its use according to the following formula:

Thein.,		
Sod. benzoat.,	aa	3 j.;
Sod. chlorid.		gr. x.;
Aquæ dest.,		f ℥ j.

M. Sig.: Six drops equal half a grain of Theine. Dose, from three to twenty drops.—

[Dr. R. B. Johnson, of Morrison, Ill., says that he has cured severe cases of sciatica with hypodermic injections of Theine along the course of the nerve, when everything else failed.]

FACETIÆ.

During the last illness of the Hon. Thaddeus Stevens, his doctor, on entering his room one morning, said:

"Mr. Stevens, I think your appearance is better to-day."

"It isn't my appearance that troubles me, doctor, it is my disappearance," dryly responded the old man.

A doctor in Pasadena, Cal., took a bottle of medicine to one of his patients.

"How shall I take it, doctor?" asked the patient.

"One third down, and the balance in one and two years, at 8 per cent," replied the doctor, as he thoughtfully shook the bottle.

An Over-Dose of Glonoine.

The miner said: "I hear 'em tell
  Thar never yit hez been
Er medicine thet takes so well
  Ez nitro-glycerine.
It's nothin' new! I recollect
  Er man named Jimmy Howe
Ez used ter eat it. I expect
  Yer couldn't find 'im now.

"Twuz out West, 'long in '66,
  When minin' work wuz tough,
Thet Jimmy took er whim ter mix
  His grub up with thet stuff;
An' every day as down he sot
  Et meals, he'd eat a bit,
Until ther crazy loon hed got
  His system full of it.

"We didn't mind it much. Out thar,
  In '66, twuz biz,
An' every feller hed his share
  In tendin' clus ter his;
Until, one day, when Jim set down
  Too sudden on a rock—
Twuz lucky thar wa'n't many roun'
  Ter ketch thet earthquake shock!

"Jim jest went off! The cussed fool!
  Exploded then an' thar!
Et killed a Chinaman an' mule,
  An' nuther hide nor h'ar
We found o' Jim! Yer orter know
  I tell jest what I've seen
Thet follows when er system's so
  Chock full o' glycerine."

BOOK REVIEWS.

WHAT TO DO IN CASES OF POISONING. By William Murrell, M. D., F. R. C. P. First American from fifth English edition. Edited by Frank Woodbury, M. D. Published by the *Medical Register Co.*, Philadelphia. 1887.

This is an excellent little hand-book for the purpose described in the title. There is scarcely a poisonous substance that is not mentioned, and the symptoms and treatment are given clearly and succinctly. It is one of those books which is so complete in itself that there would appear to be little left for others to do. It will make a good desk-companion for all physicians.

A PRACTICAL TREATISE ON THE DISEASES OF THE HAIR AND SCALP. By George Thomas Jackson, M. D., Instructor in Dermatology in the New York Polyclinic; Assistant Visiting Physician to New York Skin and Cancer Hospital, etc., etc. I vol., cloth 356 pp. New York: E. B. Treat, 771 Broadway, 1887. Price $2.75.

Dr. Jackson has produced a book which should have a very wide sale. Any physician who is called upon to treat diseases of the hair or scalp, in any of their forms, by availing himself of the aid which this book will furnish, can do so with an intelligence and skill which would make all the difference between success and failure. The work is clear and practical, and enlivened by numerous illustrations. The book is divided into four parts, comprehensive and exhaustive: I. General Considerations. II. Essential Diseases of the Hair. III. Parasitic Diseases of the Hair. IV. Diseases of the Hair Secondary to Diseases of the Skin.

It is one of the best books on a special subject that has come from the press in a long time, and we can heartily recommend it.

A PRACTICAL TREATISE ON OBSTETRICS.—Vol. IV., Obstetric Operations: the Pathology of the Puerperium.—By A. Charpentier, M. D., Paris. Illustrated with lithographic plates and wood engravings. This is also Vol. IV. of the *Cyclopedia of Obstetrics and Gynecology* (12 vols.), issued monthly during 1887. Price of the set $16.50. New York: Wm. Wood & Co. (Chicago, W. T. Keener).

This is the concluding volume of the series which we have already noticed. It consists of two parts, one part being devoted to obstetric operations, and the other to the pathology of the puerperium. The subjects treated are, version, the forceps, the filet, the sericeps, the lever, the induction of artificial labor, induced miscarriage, the Cæsarean section, Porro's operation, post mortem Cæsarean section, delivery per vias naturales as a substitute for the post-mortem Cæsarean section, symphseotomy, embryotomy, and the pathology of the puerperium which includes the pathogeny, forms, pathological anatomy, prognosis and treatment of puerperal fever.

SEXUAL IMPOTENCE IN THE MALE AND FEMALE. By Wm. A. Hammond, M. D., Surgeon General U. S. Army (retired list), Professor of diseases of the Mind and Nervous system in the N. Y. post-graduate Medical School and Hospital, etc. 8vo. pp. 305. Detroit, Geo. S. Davis. 1887.

Whatever Dr. Hammond writes reads like a story-book, and this one is no exception. It contains a collection of all the curious and marvelous things that ever occurred in connection with the sexual history of the race. On reading it, one would think that Dr. Hammond's mission in life was to instruct young couples how to consummate the married relation. Now he whispers a secret to the husband, and now to the wife; now he restores "lost power" to the one, and then makes some timely suggestion to the other. Having gone through several editions, Dr. Hammond's book needs little recommendation. Its chief interest lies in the hints which it gives the practitioner of the influence of the effect of the mind on the sexual functions. The section on impotence in the female is brief, but there is less to be said on this subject than in the case of the male.

THE SEPTEMBER CENTURY has both a holiday and a political flavor, in each of which respects it makes a strong appeal to current interests.

ST. NICHOLAS for September opens with a delightful frontispiece by Mary Hallock Foote, illustrating "Tib Tyler's Beautiful Mother," a charming tale of life at a seaside watering place, by Nora Perry.

SCRIBNER'S MAGAZINE for September opens with a fully illustrated article on "The Modern Nile," by Edward L. Wilson, one of the most enthusiastic and skilful of travelers and photographers, whose previous journeys with his camera in out-of-the-way places have attracted very favorable attention.

THEY SAY

That we do not want long articles.

That venesection relieves sunstroke.

That there has been another death from ether.

That there are twenty-two women dentists in England.

That playing lawn-tennis makes girls lop-sided.

That a man who snores should be rapped in slumber.

That only one patient in a million dies from the effects of ether.

That American medical degrees can now be registered in England.

That patent medicine men can't advertise liver-cures on a wire fence.

That a doctor told us the other day that there was money in his coughers.

That the University of Nebraska has discontinued its medical department.

That the population of Great Britain is increasing at the rate of 1,000 a day.

That the number of illegitimate births is increasing in all European countries.

That the International Medical Congress is open to all graduates of medicine.

That rude specimens of the vaginal speculum are found in the ruins of Pompeii.

That in at least one-sixth of cases of unfruitful marriage, the husband is at fault.

That an ointment of vaseline and iodoform is the very best application for burns.

That 14,675,663 pounds of cinchona bark were exported from Ceylon in the year 1886.

That profuse epistaxis may often be checked by insufflations of a solution of cocaine.

That more than 2,000,000 glass eyes are made every year in Germany and Switzerland.

That amyl nitrite has resuscitated patients from collapse caused by cocaine injections.

That the average time at which rigor mortis begins is from three to four hours after death.

That in an analysis of the urine of 407 healthy people, more than one third contained albumen.

That tuberculous patients should not be treated in the same wards with the non-tuberculous.

That the death-rate among the negroes in the South is far greater than it is among the white race.

That it is a good plan to put some carbolic acid into whitewash, when whitewashing your cellar.

That the homœopathic colleges of the country have graduated 1,996 physicians in the last five years.

That the hospitals of New York City treated more than 122,000 people last year, at an expense of $600,000.

That 20 per cent of the men who habitually attend the opera are bald-headed; at church only 5 per cent. Going to church is a good hair restorative.

That a solution of Menthol — two to ten grains to the ounce of water — will relieve the itching of pruritus and urticaria.

That a Brooklyn doctor has recovered $1,600 from a man who tried to influence one of his patients to discharge him.

That Dr. Mackenzie, of London, received $13,000 for his two trips to Berlin in attendance on the Crown Prince of Germany.

That cocaine — in doses of 10 drops of a 10 per cent solution, *ter in die* — will cure some cases of vomiting of pregnancy.

That a Philadelphia medical student went off and left a headless skeleton in his room at his boarding-house, and great was the consternation of the landlady.

That a doctor in the Argentine Republic was murdered because he would not drink from a bottle of carbolic acid which he used for purposes of disinfection.

That the proper way to make barley-water is to add a pint of boiling water to two tablespoonfuls of granulated pearl barley, boil for five minutes, remove and strain.

That as a rule, to which there are few exceptions, it may be stated that the firmer a tumor, the less its malignancy; the softer a tumor, the greater its malignancy.

That many cases of poisoning have occurred in Philadelphia from the chromate of lead, which bakers used to color cakes and buns. Seven victims died in one family.

That reports from China say an incipient rebellion in the Kin Yu District was quelled by beheading 100 men. This remedy is generally effectual in putting a stop to all nonsense.

That an autopsy made on the body of a criminal in Paris showed the heart still beating twenty-five minutes after decapitation, and the movement of the auricle persisted for forty minutes.

That the expression of the eyes is due almost solely to the movement of the upper eyelid, and this is the reason why we may see a man with a glass eye a hundred times before his infirmity is discovered.

That out of twenty young men who competed for a West Point cadetship at Westfield, Mass., ten were rejected by the physician because they had the "tobacco heart" brought on by cigarette smoking.

That a wild man has been found in the woods of Pennsylvania, with long beard and dishevelled hair. He talks constantly, but his language is unintelligible. It is supposed that it is Ad. Lippe trying to compose an editorial for the *New York Medical Times*.

THE MEDICAL ERA.

CHICAGO, OCTOBER, 1887.

JAMES E. GROSS, M.D. } *Editors.*
CH. GATCHELL, M.D. }

CHOLERA IN NEW YORK.

For the sixth time in history, the Asiatic scourge has invaded this country. The Italian steamship Alesia, from Marseilles, with 600 passengers, arrived off New York with four cases of cholera on board, having had eight deaths from the disease during the voyage. The quarantine officers are using vigorous measures, and it is hoped that the disease may be stamped out. The lateness of the season, moreover, makes it unlikely that it can become epidemic this year.

THE INTERNATIONAL CONGRESS.

In point of numbers, the Congress was a great success. In the papers presented, it was respectable, and nothing more. The two most noteworthy contributions were those which were made by Dr. N. Senn, of Milwaukee, on Intestinal Surgery, and by Dr. V. C. Vaughan, on Tyrotoxicon as the Specific Cause of Cholera-Infantum.

With the latter the profession has been familiar for some time. But Dr. Senn's paper was new, and of such interest and practical value as to add greatly to the author's already enviable reputation. It was the remarkable paper of the Congress.

Beginning on page 298, we give a *résumé* which, we venture to say, will convey to the reader the gist of the papers and discussions in a more readable form than can be found in any other monthly journal of either school.

The truth is, nature possesses far greater power in curing disease than is admitted.—*Dr. Ouchterlony.*

The one thing which especially characterized the proceedings of this Congress, which showed itself in many quarters and in almost every section, was a lessened faith in the power of drugs to cure disease, and an increasing faith in the powers of nature.

Thus are the allopaths slowly learning what homœopathists have known for more than three-quarters of a century.

Those who advocate active treatment ought to review the history of the treatment of pneumonia. The superiority of non-interference over active measures allowed this disease to make the fortune of homœopathy.—*Dr. Arnold.*

Dr. Arnold has his lesson only half learned. If he will himself review the history of the treatment of pneumonia, he will find, according to the records of Henderson, Tessier and Dietl, that the mortality was, under

Allopathic treatment, -	20.5 per cent;
Non-interference, - -	7.4 "
Homœopathic treatment,	6.0 "

Thus the allopathic treatment *killed* 13 patients in the hundred, while the homœopathic saved one which was lost under non-interference.

But this is not all. According to the same record the *duration* of the disease was, under

Allopathic treatment, -	31 days;
Non-interference, - -	28 "
Homœopathic treatment,	12 "

Thus, under homœopathic treatment, on an average the patients who recovered did so nineteen days earlier than they would under venesection and tartar emetic, and sixteen days earlier than under non-interference.

Dr. Arnold is in error in another respect: if there is any one disease which may be said to have "made the fortune of homœopathy," it is not pneumonia, but cholera, in the treatment of which the disparity between the two methods is still more striking, and demonstrates to a far greater degree the immense superiority of homœopathy.

Fevers, especially those belonging to the class of acute diseases, are self-limited in their duration, and are due each one to a special cause, a micro-organism, the operation of which ceases after the lapse of a certain time.—*Dr. Austin Flint.*

While all did not go so far as Dr. Flint, yet the general tenor of the sentiment of the members of the Congress was favorable to the germ-theory, as related to the specific diseases. Among the five thousand physicians present, there was no adverse criticism; on the contrary, the doctrine, so far as already developed, was accepted, seemingly, by all. When one member said

The tubercular bacilli are generally admitted as a cause of specific laryngitis;

and when another said

Chalozion, pterygium, blepharitis ciliaris, purulent conjunctivitis, kerato-iritis and optic neuritis may be considered to be the result of microbic development,

no one challenged the statements.

We ought to reproduce the disease artificially by a microbe before concluding that it is the cause. The experiments made have not given any satisfactory results, except in carbuncle and tuberculosis.—*Dr. Semmola.*

Thus, even this Italian *savant*, who took a most conservative position on the general subject, admitted that in two diseases, tuberculosis and malignant carbuncle (splenic fever), the results of experiments have demonstrated the relation of cause and effect between the micro-organism and the disease.

Hence, taking the most conservative view possible, the Congress may be said to have accepted the doctrine of the bacterial origin of specific diseases.

HOSPITAL HOMŒOPATHY.

The *Medical Record* has made a discovery. It is that in Cook County Hospital, Chicago, the result of homœopathic treatment shows a lower death-rate than occurs under the so-called "regular" methods.

Similar discoveries have been made in times past, ever since the days of Hahnemann. But of these the *Record*, of course, has always been in ignorance.

On the opening pages we find a list of the members of the "regular medical board," and below of the "homœopathic medical board." Such juxtaposition seems a little at variance with conventional ethics, but in this we may be mistaken.

Yes, you are certainly mistaken! It is not at variance with conventional ethics — in Chicago. Cook County Hospital is a public institution, and the patrons of homœopathy pay a greater amount of the taxes which go to its support than is paid by the followers of the traditional school.

For this reason, and for many others, the homœopathists have rights in the institution which are respected by the Commissioners and the Warden, in spite of petty questions of "ethics" so dear to the mind of the "regular." The only way that they can escape from the uncomfortable juxtaposition is to resign. But this they will never do! In this part of the country no allopath has ever resigned his position in a public institution because homœopathists have been allowed privileges in the same. They sometimes threaten, *but they never resign!*

The *Record* says:

In 1884 the mortality on the regular side was about 1-11 of the total treated (406 to 4,692), that on the homœopathic side about 1-12 (103 to 1,242). In 1885-'86 the figures were for the regular school 1-13 (448 to 5,909) to 1-15 (105 to 1,532), and a similar excess of mortality-rate is carried through the medical and surgical departments.

After giving these figures, the *Record* attempts an explanation. It says:

It is possible that the cases sent to the homœopathic side are of the less severe and acute character.

But, as we pointed out in the last number of THE MEDICAL ERA, this is not the case. The assignment of patients has always been in the hands of the "regulars," and it is not likely that they would discriminate in our favor in such a manner. Every fourth case that enters the hospital, in regular rotation, is assigned to the homœopathic side, and our proportion of the severe, the acute, and the incurable, is the same as it is for the other side.

Hence, the explanation must be sought elsewhere.

Hospital statistics are extremely fallacious things, to be sure, and no inferences should be drawn from them without careful examination. But in the Cook County Hospital such examination seems demanded.

Yes, such examination is demanded, but we can assure the *Record* that it will never be made by the "regulars." The result would be to place homœopathy in a still more favorable light.

Thus, if all cases of advanced phthisis, and other necessarily fatal diseases, should be eliminated from the records of both sides, the fraction representing the percentage of mortality on the homœopathic side would have a still larger numerator and a smaller denominator.

Again, if a comparison should be made between the *duration* of the diseases in all cases of recovery, the result would be equally as flattering to the homœopathic methods. It would be found that in cases of pneumonia, rheumatism, typhoid fever, and a long list of other acute diseases, the patients treated homœopathically reach convalescence long before their less fortunate brethren are out of bed.

The *N. A. Journal of Homœopathy* thinks that we should make a still better record, approaching, for instance, that of the Middletown Asylum. But this is asking too much! Cook County Hospital receives a far different class of cases — those that are moribund when brought in; those already under the influence of fatal doses of poison; apoplectics picked up on the street by the police patrol, and many others that die within the first twenty-four hours. Neither the Middletown Asylum nor Ward's Island receive any such cases, and the comparison is unfair.

But the *Record* has neglected to make one very pertinent comment.

We will endeavor to supply the omission.

Homœopathists are being constantly accused of surreptitiously resorting to the use of old-school methods. If this be true, how does it happen that we can cure more cases with allopathic drugs and doses than the allopaths can themselves?

We submit the question, and await a reply.

ANOTHER FAILURE.

Gaseous enemata for the treatment of phthisis must now be consigned to that sepulchre wherein repose phenic acid, the sulpho-carbolate of soda, and a host of other alleged "specifics." Bergeon has flashed for a moment in the medical sky — and his light has gone out.

From London, New York, Philadelphia, and the rest of the world, come reports of repeated failures after faithful trial. For a short time — in many cases no longer than a week — apparent improvement follows the treatment, but then the patients relapse into their former condition, and disappointment is added to ill-health.

This disease, which destroys a greater number of the human race each year than cholera, yellow fever, or any other pestilence ever did, will still claim its thousands of victims in spite of any remedy yet discovered. If consumptives could be made to realize the gravity of their condition in its early stages many could be cured by hygienic and climatic treatment. But so long as the illusions of hope beguile the patient into a sense of false security, the profession must continue to work at a disadvantage, and continue to search for a "specific."

XVI.

THE DOCTOR TALKS.

"No," said the doctor, "you are very much mistaken."

This was in reply to a remark of mine to the effect that homœopathists must be an unusually quarrelsome set. They quarrel over the potency question, they quarrel in the colleges, they quarrel in conventions, and quarrel in their journals.

"Why can we not live in peace and harmony?" I asked. "This eternal wrangle makes me tired! It must be that there is something in the very nature of homœopathy that breeds a quarrelsome disposition."

"No," repeated the Doctor, "you are very much mistaken."

"What do you mean?" I asked.

"I mean that you are wrong," replied the Doctor. "I mean that we are not an 'unusually quarrelsome set.' We are just as peaceful and peaceable as any other body of (medical) men that you can name, and this notion that we homœopathists are always on the war-path, with blood in our eyes and scalps in our belts, seeking whom we may devour, is begotten of an entire misapprehension of the facts, which I can easily show you."

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"You have received this false impression," continued the Doctor, "because, as a matter of course, you are better acquainted with homœopathic history and homœopathic politics than you are with that of the old school. But if you make yourself equally familiar with their records, you will soon realize how far you are from the facts. Why, the allopaths can give us lessons in getting up a first-class, A 1 family quarrel.

"There is not an allopathic medical society in the land that has not had its baptism of ire.

"There is not a college whose history has not been marked by internal dissensions and external divisions.

"It is as true of the old school as it is of the new, that whenever you find two colleges in a city which should have but one, you will also find that it has come about through some arithmetical process involving subtraction, division, or multiplication."

"Nor are their journals free from this militant spirit. One will spit and bite at another with all the venom of a crazy cat. As an instance, look at this. The *Independent Practitioner*, in speaking of the *Medical Record*, makes use of the following classical language:

> It is puffed up by an undue sense of its own importance, and can see no good outside its own narrow circle. It belongs to the bigoted Bourbon wing of medicine, which learns nothing, makes no advances, because it is incapable of appreciating its own intolerance, or comprehending the progress made by others.

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"Ah!" sighed the Doctor, "you know nothing of the quarrels in the old-school medical societies, because you have not been near them. But if you had attended the meetings of the Medical Society of the County of New York for the last few years, you would have thought that, by some mistake, you had gained entrance to the Central Park bear-garden. There have been bitings and bickerings, star chambers and packed meetings, accusations and resignations, and all the incidentals of a first-class family quarrel. There have been Codists and no-Codists, with the one eternally trying to get the upper hand of the other; and in the struggle science has often been neglected, the interests of patients ignored, and the dignity of the profession forgotten."

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"In their National organization — the American Medical Association — matters have been little better. At several meetings, of late years, entire delegations have been refused seats — persecuted for opinion's sake; their opinions on the code question. State delegations have withdrawn, or threatened to withdraw, and thus have the meetings been too often marked by rancor and acidity."

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"But, to crown the whole, just look at the history of their great meeting in Washington last month — the International Medical Congress! From its inception, three years ago, to the hour of adjournment, a quarrel, like a red thread, ran through it, until finally it became chronic.

At first, one clique tried to take advantage of another clique — it was the West against

the East. At the meeting in New Orleans, two years ago, an entire committee resigned, *en masse*, and another committee was appointed. Then the eastern physicians tried to kill the Congress by throwing cold water and chunks of ice at it, and the western physicians responded by heaping various brands of wrath on the devoted heads of the East. For two years this state of affairs continued, and the quarrel became aged and rancid.

"At last, when the doctors gathered at Washington, as though infected, quarrel upon quarrel came to the surface, like a variolous eruption.

"First, Dr. Ginnell, Surgeon-General of the Navy, became jealous of a colleague, and used his authority to retire him to an obscure station in California.

"Next, two Italian doctors — Semmola and Durante — with the hot blood of the South in their congested veins, gave an exhibition of personal jealousy. Durante claimed it as his privilege to reply, in behalf of Italy, to Secretary Bayard's address of welcome. But Semmola was given the preference, and forthwith Durante sent a letter to Secretary-General Hamilton, of the Congress, the closing words of which were:

In view of the foregoing, and of the personal affront, I hereby withdraw from the Medical Congress aforesaid.

"Thus, after having come all the way from Italy to attend the Congress, in its opening hour he shook the dust of Albaugh's Opera House from his feet, and retired in good order, in company with his dignity and his wrath.

"Next, someone in the back part of the house found fault with the make-up of the list of vice-presidents, and the President incontinently 'sat down' on the malcontent.

"Next, when the Secretary-General read his report, he referred to 'the differences among the American doctors.'

"Next, two French doctors — not to be outdone by Italy — gave an exhibition which demonstrated that 'all Gaul is divided into *two* parts.' This time the war was between Charpentier and LeFort. LeFort, who is covered all over with stars and garters, thought that his name on the list should have been placed above Charpentier's, even if the latter's did not begin with 'C.' This unintentional discrimination had such a disastrous effect on the members of the French delegation, that they were too ill to attend the second day's general session; at least they were not present, owing, it is supposed, to a *slight* in-disposition.

"Next, an Irish member — Murphy, by name — showed to the Gaul of the South that there is gall in the North. He, too, wrote a letter of withdrawal from the Congress, because he felt aggrieved at not having received an invitation to the editors' banquet. But he became finally pacified on being told that the Congress had no jurisdiction over the banquet, which was entirely an outside affair. Then Murphy wiped off his war paint, put on his coat, and resumed his seat.

"Again, the two medical journals that published daily editions, scattered through their columns numerous paragraphs reflecting upon each other, containing insinuations and inuendoes, which were tinctured with malice and full of contempt.

"And do you think," concluded the Doctor, "that after such a display as this, I will permit anyone to tell me that we homœopathists are the most quarrelsome set in the world? Not a bit of it! We are not! We are angels!"

SELAH.

Going into a Decline.

I am strongly of the opinion that the decline of homœopathy and other "isms" in the profession, which is now well under way, is largely due to the dignified ignoring of them on the part of the regular profession during these latter years. — *Dr. I. N. Love, in The Medical Register.*

In the last two years there has been a greater amount of money put into the construction and endowment of homœopathic hospitals and colleges, than ever before in a corresponding time in the history of our school. The coming winter there will be a greater number of students in attendance on our colleges than ever before. The number of homœopathic practitioners is at its maximum point, and the adherents of homœopathy increasing in numbers daily. This is the kind of a "decline" that has been going on for the past fifty years, and which still continues. It is the kind of a "decline" that the allopaths have predicted year after year, and it is the kind of a decline that we most heartily enjoy!

RESULTS OF TREATMENT WITH THE PNEUMATIC CABINET.

By J. S. MITCHELL, M. D.
CHICAGO.

(Read before the Illinois Homœopathic Medical Association.)

NEVER before in the history of medicine have so many new remedies and new methods of treatment been presented for consideration as within a recent period. To determine the relative value of any one of these requires not only time, but patient, careful observation, and a judgment that is not warped either by prejudice, interest, or undue enthusiasm. Much that is new among recent discoveries has been sufficiently investigated, and has borne the test of clinical experience to an extent that has established firmly in the minds of the profession a knowledge of its usefulness. Among the claimants to favor may be mentioned the pneumatic cabinet. I need not take time to give a history of this new method of treatment, which can readily be obtained in recent journals, but I shall use the time allotted me in giving my own experience and conclusions regarding its effects.

I have used the cabinet for nearly six months, and have reached the conclusion that it is one of the most valuable adjuvants that we have yet had presented. Its action is in accord with physiological principles, and clinically it has demonstrated its power to produce marked improvement in many of the diseases with which the bronchi and lungs are affected.

Its most valuable effect is in phthisis pulmonalis. First, it is exceedingly useful as a lung gymnasium. When we consider that it has been gravely proposed to sever the clavicle and the first rib in order to give greater freedom of action to the apices of the lungs if threatened with phthisis, we can realize the value of a mechanism which enables us safely and steadily to produce enlargement of the capacity of the chest. The children of consumptives naturally have narrow chests and contracted apices. A systematic daily or tri-weekly use of the cabinet will result in increasing the chest from one to two inches, and during this development we see a very manifest change in the general condition of the individual. The color improves, the appetite is increased, and strength is developed; in other words, it acts, through increasing circulation, as a general tonic.

While it is true that the cabinet seems to exercise greater effect upon phthisis involving the apices of the lungs, it is not without effect, if its use is persisted in, in disease involving the base. Let me refer to one case illustrating this point.

Mrs. M., a lady about fifty, had chronic pneumonia involving the lower part of the left lung for some months, had become so weak that it was impossible for her to walk more than a block. Physical examination showed sub-crepitant râles over the lower portion of the left lung, partial absence of respiratory murmur, and dullness upon percussion. There had been for several weeks a continued expectoration of rust colored sputa; sibilant and sonorant râles were found throughout other portions of the left side, and some upon the right, showing considerable amount of diffuse bronchitis. Respirations about 40; dyspnœa very great, could scarcely speak after going up a short flight of stairs. Cabinet treatment at once produced marked relief. At the end of the third treatment she could walk much more readily, talk with far greater ease, and breathe with comparatively little discomfort. Bad weather necessitated the discontinuance of the treatment for a time, and the patient dropped back. Within a short time she again resorted to the use of the cabinet with very decided general amelioration and improvement in all physical signs. Respirations are about 26; the expectoration has markedly diminished, although it still retains to some extent its characteristic.

As I have said, it is in diseases of the apex that the best results are attained, as the following cases will show:

Mrs. E., a lady about thirty, is the last of her family; father, mother, brothers and sisters, besides several cousins, having died of phthisis. During the last ten years she has had frequent attacks of bronchitis. Within the last year began to fail, lose flesh and strength, became subject to frequent attacks of facial neuralgia, very severe cough, and muco-purulent expectoration. Physical examination showed marked impairment of the apex of the left lung, diminished respiratory murmur, dullness upon percussion and circumscribed sibilant râles. Temperature 99⅓° and 100⅓°; pulse 120. Morning cough attended with complete aphonia lasting frequently until eleven o'clock. Three cabinet treatments stopped the cough and expectoration, and gave increased strength to the voice. The neuralgia occurred with much

less frequency and the general condition was greatly improved. Patient has continued treatments with still further gain in lung power.

I will mention another case showing its value in phthisis of the apex. Mrs. W., age about forty, fibrous phthisis, evidently of several years' duration; the patient had been under my charge for four years. When I first saw her, she was exceedingly thin, having an anæmic ulcerated larynx, constant hoarseness, hacking cough, great emaciation, little expectoration, pulse 100, temperature slightly above normal, very great nervous prostration and general weakness. She has had indifferent health from that time on, making some improvement by frequent trips south and west, and using indicated remedies until two months ago she commenced cabinet treatments. The improvement was manifest at once, but, after some half dozen treatments, she again took a trip to Colorado, contracted a cold, and returned much worse than when she left; there were severe paroxysms of cough attended with much expectoration, pulse 110, temperature slightly above normal and very great emaciation. She again commenced cabinet treatments and improved; the cough gradually subsided, the expectoration diminished, there was an increase of flesh and a very marked increase in general strength; she can now walk two miles with scarcely any fatigue. These cases, together with experience in others, demonstrate the value of the apparatus in chronic phthisis.

In acute phthisis it appears to have no effect, unless it be in staying the progress of the disease. Those who have had experience with the cabinet usually believe that its use is contra-indicated in cases attended with high fever, and in an acute stage of the disease. The following experience with acute phthisis will therefore, we think, be of interest:

Mrs. H., age twenty, whose mother had died of Bright's disease, came to me very much emaciated, with a pulse of 126, temperature ranging from 102° to 103⅘°, very great dyspnœa, hectic flush, marked anorexia, expectoration profuse, and at times slight hemorrhages. She has had cabinet treatments three times a week since the middle of December. For a long time they seemed to have no apparent effect, unless, as I have said, in staying the progress of the disease. At any rate, it was impossible to effect any reduction of temperature, or diminution in the pulse, and there was apparently but little influence upon the cough or expectoration, but a slight gain in general strength, and a little improvement in the appetite encouraged the continuance of the treatment. In about two months there was some improvement, the pulse getting as low as 96, there was quite a gain in color and flesh, and, for a time, some diminution in the cough and expectoration; the physical signs remained about the same as at the first, when there was marked emaciation, diminution in respiratory murmur upon both sides, abnormal transmission of heart sounds to the right, cog-wheel respiration, and on the left apex over and at the outer portion of the infraclavicular region, almost entire absence of respiration, and a marked dullness. Diagnosis of the case, catarrhal phthisis, first stage. At no time during the continuance of the cabinet treatment has the patient lost ground, but there has been no great gain. Notwithstanding the slight improvement, I am strongly inclined to believe that without the cabinet treatments we would not have succeeded in maintaining the patient's general condition as good as it was for so long a period. She has never been able to gain over half an inch on the water gauge.

One other case of acute phthisis: Mrs. L., age twenty-two, previously strong and well, no bad family history, was taken with acute catarrhal phthisis in December, high fever, pulse 120, temperature 102⅘°, great dyspnœa, constant cough and expectoration, rapid emaciation, and rapidly losing ground. Treatment with the cabinet stopped the cough and reduced the expectoration at once. At the end of five or six treatments the pulse and temperature were lowered, there was decided improvement in general strength, and a slight gain in flesh. There were tri-weekly cabinet treatments during two months, at the end of which time she was dismissed with no signs of the trouble remaining.

It is possible to medicate the lungs more completely with the cabinet than in any other way; it has been demonstrated by attaching a sheep's lung to a rubber tube, and allowing a colored solution to pass in, that the last air vesicles may be reached by the solution. I have used the cabinet, not only for its gymnastic effect, but for the purpose of medicating the lungs, using solutions of Pinus canadensis, Iodine, Carbolic acid, and Arsenicum 2x. In cases attended with a considerable amount of purulent expectora-

tion, especially if fetid, and with a burning sensation along the mucous surface, I find a solution of Arsenicum 2nd. of decided value. In catarrhal phthisis Pinus canadensis has proved of much service, while in ulceration of the larynx and of the bronchi I find the Carbolic acid, 5 per cent solution, in glycerinated water, qtt. v. to ℥j., of great value. In irritable atonic conditions of the mucous membranes and with swollen glands, I use a very weak solution of Iodine, 3 to 5 drops to an ounce atomizing cup of glycerinated water.

In the use of the cabinet, great care should be exercised as regards the amount of pressure put upon the lungs, the more advanced the disease, and consequently the weaker the tissues, the more care one should exercise. I find no objection made by the patient in regard to going into the cabinet, nor am I aware of any ill effects following its use, immediately or remotely. I have not hesitated to put in patients who have recently been subjected to hemorrhages, and have had no experience leading me to believe it is likely to cause them. The patient I mentioned with the rust-colored expectoration would, for a little time after the cabinet treatment, expectorate rather more freely, but after an hour or two this would subside, and the condition be no worse than before. I would suggest the use of tubes of varying lengths rather than the size usually furnished with the cabinet, and a stool like a piano stool which can be raised and lowered so that the patient will be able to take the treatments in the most correct physiological position to secure due expansion. Another suggestion is that, after the patient has taken the highest amount of pressure to which he is to be subjected, instead of suddenly letting the equilibrium be restored, the stop-cock be partially turned and the patient continues respirations while the air within the cabinet is being gradually changed to the natural pressure. It is not an apparatus which enables us to dispense with the use of properly selected homœopathic remedies; it can only be regarded as an adjuvant which will help us in the treatment of many cases of phthisis. In no sense is it a cure-all, nor does my experience lead me to believe that it will do quite as much as some of its more enthusiastic advocates maintain; nevertheless, I am prepared to say that I know of no apparatus for the treatment of diseases of the chest that I would so unwillingly part with as my pneumatic cabinet.

RECURRENT SYPHILITIC BUBO.

By G. FRANK LYDSTON, M. D.
CHICAGO.
(Lecturer on Genito-Urinary and Venereal Diseases in the Chicago College of Physicians and Surgeons.)

THE assertion is made by most syphilographers, that syphilitic bubo, having once resolved, does not return, although in exceptional cases the affected glands may remain enlarged for a considerable time. I had accepted this *ipse dixit* without question until quite recently, having attributed such instances of bubo as have appeared in my cases of late syphilis, to other causes than the old constitutional taint. In most of these cases I was doubtless correct, but in quite a number of them I am convinced from recent observation that I was in error. In substantiation of this assertion, the following brief reports of cases may be of interest:

Case I. W. K., a young man of 24 years of age, contracted syphilis in March, 1886. He had a typical chancre followed by a characteristic course of secondary syphilis. Bubo of a non-suppurative but painful character was one of the prominent manifestations of the disease. Under proper measures of treatment, improvement was quite rapid. Unfortunately, however, the patient considered himself cured at the end of about six months, and ceased treatment. In March of this year he again consulted me for what he supposed to be a return of the disease, in the form of a bubo in the right groin. This had come on independently of venereal exposure, and upon examination of the genitalia I was unable to discover any local cause for the trouble. The appearance and feel of the bubo were precisely identical with the ordinary primary bubo of syphilis, and was painless except on very firm pressure. On examining the mouth I detected several small *plaques muqueuse*, and a characteristically fissured tongue. There seemed to be a general lowering of systemic tone, and a loss of appetite was complained of. There was no history of injury which could possibly account for the bubo. Under small doses of Mercury and Potassic iodide, with a liberal diet and tonics, recovery was complete in about six weeks.

Case II. This case was similar to the above excepting in the fact that the bubo was attributed by the patient to a strain, and had appeared six months after the disappearance of the primary bubo, and three months after any possible exposure. There were no

evidences of an acute inflammatory process, and the patient was in fair systemic condition. The usual course of anti-syphilitic treatment, combined with counter irritation, brought about resolution in about eight weeks.

Case III. This case was that of a young woman of eighteen ; a cachectic, debilitated subject, who had been affected by syphilis about a year and a half, during a portion of which time she had been treated very thoroughly. The femoral glands were involved originally, and, as was to be expected, if my view of its origin be correct, the recurrent disease affected the same glands. Mucous patches were present in the mouth, but the genitalia were absolutely healthy. No lesions were discoverable in any situation which would account for the bubo. Suppuration occurred in this case, the pus being scanty and thin, and the glands remained indurated for some time after the abscess cavity had healed. As soon as the patient could bear anti-syphilitic treatment, however, the induration rapidly disappeared.

Case IV. This patient, a medical gentleman of thirty-five years of age, had syphilis two years before the second bubo appeared. At the time of its appearance he was a little out of health, but had experienced nothing which might account for the glandular enlargement, although he stated that he had recently suffered from a "heavy cold." He had not had sexual intercourse for four weeks prior to the appearance of the bubo, and no genital lesions had been detected since the original chancre. Being a physician, he was naturally greatly puzzled at the occurrence of a bubo in the groin without any exciting cause, and contrary to the assertions of surgical authorities. The bubo went on to suppuration, and did not heal after evacuation, until a thorough course of anti-syphilitic treatment was instituted, after which recovery was quite rapid.

These cases, with others that I have observed, have convinced me that many cases of bubo, in which the causes are obscure, are due to a recurrence of glandular syphilis. That this is unusual is explicable by the fact that it only recurs in certain individuals. In strumous persons, for example, there is an inherent tendency to glandular enlargements, and whenever in the course of syphilis in such patients there is a sudden renewal of proliferative energy in the syphilitic cells, the glands are affected because of their affording a *locus minoris resistentiæ*. The same process which would in other persons produce a syphiloderm, will in them produce a bubo. The recurrence of glandular enlargement in the groin, rather than elsewhere, is explicable by the greater irritability of these glands on account of their situation, which exposes them to local irritation and invites cell deposit, and to the fact that the primary adenitis is most marked in these glands, leaving them in a relatively worse condition than the general glandular system. I am satisfied that such circumstances as alcoholism, strain as in lifting, an irritable corn, exposure to cold, or trifling genital irritation, will in such patients act as exciting causes of recurrent bubo.

Debility and cachexiæ of various kinds bear the same relation to recurrent syphilitic bubo as struma.

These cases require thorough constitutional treatment, and above all should never be incised unless suppuration be plainly marked, else a chronically indurated and fistulous condition of the part may result, as was the case in a patient whom I recently saw in my clinic, who had been operated upon by some ambitious surgeon whose desire to cut something evidently perverted his judgment.

812 *Opera House Block.*

Sea-Sickness. — A Boston man who has crossed the Atlantic fifty-two times, and been sea-sick each time except the last, explains the exception as follows: "I took a rubber bag with me, some twelve inches long and four inches wide, with an iron clamp to close the mouth of the bag, and filled it with small pieces of ice every morning (the steward brought me the ice in a bowl), and applied it on the spine, at the base of the brain, down between my shoulders, for say half to three-quarters of an hour ; or rather, I lay on it, pressing it against the spine. It had a most soothing effect, so that frequently I fell asleep while under it, and afterwards felt braced up for the day, enjoying every hour and every meal.—*Med. Register.*

Dr. T. L. Brown, of Binghampton, N. Y., one of the most prominent physicians of our school in that State, died August 17th.

GLEANINGS FROM THE PROCEEDINGS OF THE INTERNATIONAL MEDICAL CONGRESS.

(Culled by The Medical Era from the advance sheets of *The Medical Record* and the daily edition of *The Medical Register*.)

Too much medicine is used to-day.

Do not be carried away with new remedies.

Chronic inebriates are practically insane.

That nature cures disease is an insipid truism.

We must look upon diphtheria as a blood poison.

Cleanliness is a most valuable means of asepsis.

Suppurating wounds do not often cause tetanus.

Many syphilitic children die in utero and early life.

Faithful and skillful nursing is absolutely remedial.

Recent insanity in very many cases is a curable disorder.

General paralysis is not a definite disease, but a degeneration.

Dust inhaled into the lungs is a great exciting cause of phthisis.

Squint is always binocular. A man with one eye does not squint.

Inebriety should be considered a disease as much as typhoid fever.

Syphilis may cause epilepsy in children, and thus lead to idiocy.

Severe cases of brain-syphilis follow slight evidences of secondary trouble.

Tubercular bacilli are generally admitted as a cause of specific laryngitis.

There is a surfeit of facts in medicine, and a dearth of good working theories.

Idiocy, imbecility, and moral perversion due to congenital syphilis are rare.

Local syphilitic lesions often form the starting-point of general degenerations.

As sanitary methods increase, low and asthenic forms and epidemics increase.

A place was claimed for climatology as one of the sisterhood of medical sciences.

The cornea of the pure Egyptian is decidedly smaller than that of other races.

Wine, women, and worry are the most potent factors in causing general paresis.

Morbility records must form the principal data for the vital statistics of the future.

Strict asepsis should eliminate hospital gangrene from the surgery of the future.

The term moral insanity should be stricken from the nomenclature of mental diseases.

Rectal medication is of value in those to whom medicines by the mouth are distasteful.

The wonderful progress of physiology has been made in the light of experimental methods.

What we have called seborrhœa sicca is not a hyper-secretion, but an inflammatory affection.

Endarteritis obliterans of the smaller vessels in syphilis is now a well-established fact.

Conservative surgery, in this our day, seems to be running a race with operative surgery.

By gastrotomy or œsophagotomy the œsophagus can be reached at all points with ease.

Shock, in injuries of the knee-joint, seems to be more serious than in those of the hip-joint.

Rose, and hay-fever, and cough, autumnal fever, and asthma, are all the same nasal neurosis.

The practice of American alienists in insanity is for the minimum of restraint in all cases.

Overcrowding does not necessarily cause puerperal fever when septic infection is prevented.

Dermatology, as a special branch, is still young, and not yet past the stage of formation.

It is well established that tuberculosis is a blood-poison, as is pyæmia, septicæmia and the like.

Dr. Loomis warns against the danger of sending patients with heart disease to high altitudes.

The doctor is the only one who pretends to become the master of nature without knowing her laws.

The Cæsarean section is not more dangerous than the extraction of the child after craniotomy.

Ninety-five per cent of smokers have something abnormal or unhealthy about the upper air-passages.

All questions on insanity should be facts for the jury to determine, and not as rulings for the court.

There is much difficulty in classing eczema on account of its great varieties, causes, and modifications.

There is much more illness in the army than should exist, particularly malarial and endemic fevers.

Dr. N. Senn, of Chicago, in a recent lecture appeared to take for granted the bacterial origin of tetanus.

The results of resections of lower extremities are not satisfactory, with regard to their future usefulness.

Most men connected with idiot asylums consider that but few idiots have congenital syphilitic histories.

We know very little of the normal condition of the blood, and biological chemistry is still in its infancy.

A wagon-trip across the plains is one of the best means to obtain the advantages of a climatic health resort.

The main argument in favor of antisepsis is its success in operations on all parts of the body all over the world.

It is better to observe facts and be influenced by the experience of many, than by the new ideas of the few.

Women in whom the uterus does not remain firmly contracted are the most liable to contract puerperal fever.

There are three distinct types of infantile eczema of the face; viz., a nervous, a tuberculous, and a seborrhœal.

The amount of chloroform liberated from ten or fifteen grains of chloral hydrate would be so small as to be trifling.

The text books have dropped the subjects dropsy, paralysis, etc., and are changing clinical into anatomical diseases.

There is *no* evidence that milk or other foreign material has found its way into the lungs after intubation of the larynx.

A large proportion of inflammatory diseases of the larynx are secondary to intranasal diseases of a like character.

Fractures caused by bullets moving with great velocity are fraught with more danger than those at a lower rate of speed.

The flow of urine is not so much dependent on the blood-pressure as on the rate of flow of the blood in the renal vessels.

Hereafter any physician who says uterine fibroids are hopelessly incurable is not sustained by the facts and the evidence.

The test of a knowledge of right and wrong is not a correct one to apply in determining the criminal responsibility of lunatics.

It is observed as a law that plants of the same species resemble each other in their remedial effects, differing in degree only.

Structural changes may undoubtedly be modified by remedies exerting a specific influence on the functional activities of organs.

Dr. Landolt, of Paris, remarked that there never will come a time when only one operation will be the best for all cases of cataract.

Resorcine is non-toxic, antiseptic, and possesses many advantages over carbolic acid, being free from odor and non-corrosive to the skin.

Where tobacco smoke is habitually expelled through the nose, we find hypertrophies, congestion, dilated vessels and a hemorrhagic condition.

Diabetes is of a neurotic origin, and it is well established that nervous conditions influence in a material manner the condition of the patient.

In the treatment of tuberculosis, oxygen, pure air, and the absence of germs are here more to be relied on than the thermal or climatic agents.

High altitude, cool climate and dry soil do not give immunity from malaria. The water supply is where we must look for the source of pollution.

The multiplicity and divergence of scientific opinions result from the neglected study and consequent ignorance of the natural history of disease.

For traumatic detachments of the retina, there are no general rules. Some are restored with simple rest, and others resist all modes of treatment.

It is interesting to note that when there is a large snowfall and consequent dryness of the atmosphere, diphtheria is less prevalent, and *vice versa*.

The experiments attempting to prove that the inhalations of the bacterium termo would exterminate the bacillus tuberculosis have proved a failure.

Inoculation of animals with the pneumococcus has given rise to pneumonia, thus proving the dependence of this disease upon the micro-organism.

Dermatology, studied properly, will advance all other parts of medicine — internal medicine as well as surgery — occupying a middle ground between them.

He believed that in some cases general paralysis depends on syphilis for its origin; but does not believe it to be anything like a universal cause.

The strong tendency to recover in acute affections is often admitted, and is a good reason in many cases for reducing medicinal interference to a minimum.

Syphilis may produce idiocy by causing disease of the envelopes of the brain, or of the brain itself, or by causing destruction of the organs of sense.

Among the external agents in the production of diseases of the skin, the parasites, according to our present knowledge, occupy the most prominent place.

There are three kinds of detachments of the retina. The first is due to choroidal exudation; the second, detachment in myopia; and the third, traumatic detachment.

Wounds occurring in prisoners did not do so well as those in their captors under the same conditions; this was probably due to the incident moral influences.

The surgery of to-day and of the future makes it necessary for military surgeons to be supplied with means by which asepsis can be practiced upon the field.

Bad air depresses and allows the more easy access of septic infection in childbed; sepsis does not occur from bad air alone, but only from direct contact with septic matter.

There is a varying effect from chloral hydrate, which is sometimes taken safely in large doses, and at other times it proves rapidly fatal, even in doses of ten grains.

Dr. Cutter said that he had sent one case of chronic inebriety to the Christian faith-healers, who effected a cure after all ordinary methods of treatment had failed.

There are few specific climatic diseases. Local conditions of insanitation are more responsible for the production of diseases than the general influences of climate.

We ought, therefore not only to know better the therapeutic action of our remedies, but also to increase the number of these agents by experimentation.

He has made observations upon 144 cases, from which he has been led to believe that vaccination in the incubation period gives a certain immunity from variola.

A large proportion of cases of hay fever depend upon a chronic intra-nasal disease, without the presence of which pollen, dust, and other agents are innocuous.

To-day "Sage" is known to have no medicinal power, yet its history is classical, and it has received the indorsement of the learned as an effective medicinal agent.

Medical students should be taught not to believe in the exclusive power of art in the treatment of diseases, but more prominently the utility of studying their natural history.

More than two-thirds of rickety children show signs of syphilis, and it is rare to find an hereditary syphilitic child whose bones are not deformed by rickets.

We, as physicians, have made the mistake of following the popular demand "to do something." I think we may sometimes give a little colored water.

Both light and severe diseases — those in their nature grave, such as malignant fevers, tuberculosis, and cancer — spontaneously recover.

The cause of tetanus is still enshrouded in doubt, but is more probably due to ascending neuritis than to the irritation of peripheral nerves.

There is always a starting-point to uterine cancer. It is generally due to neglect of fissures or some other irritant, arising consequent to parturition.

Fifteen years ago Braxton Hicks first directed attention to the fact that the uterus contracted throughout pregnancy at intervals of from five to twenty minutes.

In typhoid fever we have many types, yet they all are caused by the same kind of poison.

About the head where we desire a bloodless operation, there are more blood-vessels than in any other part of the body.

Any marked rise of temperature in the puerperal woman should be investigated, and, if not plainly due to other causes, the genital tract should be suspected.

The older schools of medicine spoke of organic dispositions, or tendency to such-and-such a disease. This expression had no meaning, but it expressed the fact.

Dr. Ravogli has obtained complete recovery in three cases of lupus erythematosus by the use of Ichthyol. Diminution in the secretion of the sebaceous glands is soon noticed.

The idea of yellow fever being a case of poisoning by phosphorus is not a new one. Owing to similarity of the symptoms they were referred to phosphorated hydrogen.

By a hypodermic of morphine you obtain a great amount of *éclat* for instantly relieving your patient, but you do him, in many cases, far more harm in the long run than good.

In an extensive practice in Rio de Janeiro and the province of that name, Dr. Moncorvo believed that hereditary syphilis furnishes 60 per cent of the cases of infantile disease.

Where the kidney or ureter have been injured by a bullet the kidney will have to be removed in most cases, on account of persistent hemorrhage, which cannot be controlled.

When puerperal convulsions occur before labor, anæsthesia and clearance of the bowels and rectum, together with as rapid delivery as is compatible with the safety of the patient.

One should very rarely use a cataract knife twice, but get a new and sharp one from the maker for each extraction. Sharpness and cleanness of cut are essential to a good result.

The predisposition of the Semitic race to glaucoma is remarkable. In other races it occurs in the proportion of one to one hundred, here the proportion is four to one hundred.

Human milk differs from cow's milk chiefly in the proportion and digestibility of the caseine, which is smaller in quantity and more easily digestible in human than cow's milk.

Nature is not only adequate to remove the original disease, but also to overcome the artificial disease not infrequently superadded by the energetic ignorance of the practitioner.

Pathology has been advancing, yet therapy not equally so. The practitioner classes his diseases into sclerosis, cirrhosis, etc., with far greater ease than he applies his remedies to them.

It is owing to the fact that specimens of urine are procured at different times and after different conditions of diet that physicians differ so often in the diagnosis of diabetes.

Increased tension, the recognized test-symptom of glaucoma, may be produced in two ways, either by increased secretion or by retention of the secretion when normal in amount.

Diphtheria is due rather to the absence of sewers than to their presence. An impure atmosphere and the presence of filth and decomposing vegetable matter are important factors.

The Italian method of treatment of inebriety consists of giving the patient food steeped in wine until he gets a strong dislike to alcoholics. It is claimed that this treatment seldom fails.

The indisputable fact that recoveries take place from similar diseases under quite opposite plans of treatment allows no other inference than that the recoveries are due to nature alone.

The climatology of the future must be studied upon a broader basis, and ethnological, geographical, and epidemiological data must be taken into account before drawing conclusions.

The truth is, nature possesses far greater power in curing disease than is admitted. A knowledge of the natural history of disease is the necessary basis upon which to estimate all medication.

Vaccination during the incubation period of variola has given gratifying results, preventing or modifying the small-pox eruption. The contrary view is unsupported by facts and not tenable.

It is now generally admitted that paralysis, and various other nervous symptoms, including a want of co-ordinating power, are in some cases induced by the pressure of the prepuce on the glans.

The result of a penetrating wound of a joint, whether incised, lacerated, contused, or punctured, depends upon the intensity of the inflammation and the destruction of tissue.

Dr. Post, of Beirut, Syria, said that the largest number of calculi he had ever removed from one patient was two hundred, of various sizes, but eleven of them weighed six ounces each.

The microscope has demonstrated the micrococcus. What has it to do with pneumonia? Is it accidental? Experiments have shown that by inoculation they will produce the disease.

The character of self-limitation which we now know to characterize many diseases should be a warning to those who entertain exaggerated ideas of the results produced by their treatment.

Dr. Truax, of New York, called attention to the additional evidence of the power in the bacillus tuberculosis, viz., that repeated cultures of the germ still retain the power to cause phthisis.

Use antiseptic precautions and vaginal injections, with the uterine douche in appropriate cases. When the germs have once got into the connective tissue about the uterus, douching does no good.

The treatment of acute febrile diseases are particularly worthy of our study and attention. At present, instead of a uniform, there is an English, French, German and American treatment for fevers.

Dr. Alvara found that eighty-eight per cent of his cases of yellow fever had characteristic pains in the muscles of the eyes when they were turned upward. Lumbago is present in ninety-five per cent.

Craniotomy in contracted pelves should be but rarely adopted, and only in exceptional cases. It is too frequently assumed to be without danger to the mother. The maternal mortality exceeds that reported.

Fevers, especially those belonging to the class of acute diseases, are self-limited in their duration, and are due each one to a special cause, a micro-organism, the operation of which ceases after a certain time.

Dr. Smith, of London, reported the result of his experience with regard to gaseous rectal injections, and said that in consequence of the absence of all indications of benefit, he had given up this method entirely.

Syphilis is the most important factor of infant mortality, either directly or by the severity which it imparts to the diseases of children, and rickets makes its appearance in forty-five per cent of the children.

It is beyond dispute that the worst forms, and apparently hopeless cases of fever, recover unaided by medicine. Tuberculosis has most frequently been recovered from under simply good hygienic surroundings.

In sixty cases of œsophagotomy he found the average distance from the incisors to the cardiac opening to be fourteen and one-half inches; the longest was seventeen inches, and the shortest ten and one-half inches.

Dr. Graily Hewitt, F. R. C. P., London, England, thought that the great advance in the treatment of puerperal fever in late years consisted in means tending to prevent the introduction of septic material into the blood.

Dr. Brower of Chicago discouraged the indiscriminate use of morphia and quinine. He had seen too many morphia habitués, whose habit had commenced in this way, not to feel like protesting against their too frequent use.

When a man suffers from an attack of insanity a post-mortem examination will, in every case, reveal changes in the brain, no matter whether it was claimed the man had recovered or not. Recovery is only a relative term.

Dr. Unna said he was at the present time experimenting with some thirty cultures of micro-organisms from seborrhœa, and believed that a parasite was the cause of the irritation at a point where the fatty matter existed.

Post-scarlatinal nephritis occurs in an apparently well or rapidly convalescing child, and is the last and often fatal assault of a disease which has almost been subdued. It occurs from the sixteenth to the twenty-fourth day.

The first effect of the contact of the Hawaiians with civilization was the inoculation of the race with syphilis, which spread so rapidly that it is now often declared that the great majority of the adult population is contaminated.

A *résumé* of the literature and statistics of the subject shows that the malaise of dissecting-rooms is more due to impure air than to absorption of septic material, and that true sepsis occurs only by inoculation through an open wound.

There is a true atrophy of the skin, caused by pressure producing obliteration of the glands which first take part in the hypertrophy. The cause of the atrophy is found in the blood vessels being closed and obliterated by pressure.

There is no such thing in connection with puerperal fever as autogenetic infection. No one can now disbelieve the germ theory. Experience has shown that it is impossible for decomposition to occur without the presence of bacteria.

Diabetes runs in families in a very marked manner. One of the most striking instances of this was in a family which came under my observation, where the grandmother, the mother, and four out of her five children died of diabetes.

To constitute vicarious menstruation there must be (*a*) absence of menstrual blood flow, (*b*) blood from some other organ than the uterus, and (*c*) no other assignable cause for the hemorrhage than the increased pre-menstrual blood-tension.

It is the duty of the ophthalmic surgeon to treat wounds aseptically, in accordance with modern ideas, as it has been proved beyond a doubt that such treatment insures a larger percentage of successes than by the time-honored procedure.

Dr. Brown considers tetanus a specific contagious, and infectious disease, which, according to Rosenbach, is caused by a bacillus, his experiments having shown that rabbits and mice inoculated with material from a case of tetanus died of the disease.

Dr. Galezowski of Paris, thought antisepsis necessary in all eye-operations, even in chalazion. He had seen in some cases very dangerous results from neglect of this precaution, suppuration of the eyelids and destruction of part of the cornea.

If in the future of physical education there shall be found a place for education in the accomplishment of masticating food, then indeed, may the teeth be improved and developed by exercise, as the muscles and lungs are improved and developed.

One cannot believe in the cure of phthisis unless it can be demonstrated by the microscope. Whether the bacillus tuberculosis is, in itself, the cause of phthisis, makes no difference so long as we know it to be the invariable accompaniment of this disease.

It is well to note, in passing, that in diabetes we sometimes find albumin in the urine and this is often present just in proportion as the patient improves or gets worse. A test for albumin, which has no known fallacy, is that with citric acid and the ferrocyanide of sodium.

The hypertrophy of the left ventricle, noticed in many cases of scarlatinal nephritis is due (1) to the presence of some toxic element in the blood, and (2) to obstruction of the circulation in the Malpighian bodies, which compels the left side of the heart to do more work.

Camp dysentery and diarrhœa are always the result of a radical change in the manner of living by the use of bad water from stagnant pools or wells contaminated with organic matters. The use of improperly cooked food, and privations were important factors.

In Syria there is a class of men called "stone cutters," who make it their business to travel and remove stone from the bladder. They carry a bag containing the stones they have removed, and also those bequeathed to them by their ancestors, if in that calling.

It was pointed out by Vogel that the therapeutic effects of plants are affected by their surroundings. Conium plants yield no conial in Scotland. Cinchona, when grown in hothouses, is destitute of alkaloids; tannin-bearing trees yield most freely when exposed to the sunlight.

Dr. Arnold, the President, thought that Koch still had the best side of the argument. The crucial experiment has been made, that when inoculations are made with sputa containing the bacillus tuberculosis, we get phthisis, but do not get phthisis under any other circumstances.

The best preventive of post-partum hemorrhage is to secure retraction of the uterus, by keeping the hand on the fundus uteri from the moment the child begins to pass through the vulvar outlet until the muscular fibres have rearranged themselves — about one hour after expulsion of placenta.

The state of the health and the assimilation of food, together with tissue nutrition, have more to do with the development of tuberculosis than have locality or climatic conditions. Not only may we have laryngeal

tuberculosis as a secondary infection, but we find cases where it is primary.

The wonderful results of foreign operators are due to their exceptional opportunities and skill, the operations being done by a few men, while here the operators are scattered, and many operations are done in the back woods. Soon American surgery must reap as brilliant a reward as that abroad.

The antipyretics cause a depression which cannot be seen with indifference. Stronger proof than we possess is required to establish the reputation of these agents. Hyperpyrexia does not constitute the disease. The best remedy yet introduced is cold water when properly applied.

In hospital gangrene the complete destruction of the tissues affected is essential to successful treatment. These should be boldly removed by a knife, and some caustic thoroughly applied. Success is less dependent upon the nature of the latter than upon its thorough application.

There exists in children a special form of true pneumonia, which may be called central from its location; congestive, from the violence of the inflammatory symptoms, and abortive, when its duration does not exceed two or three days. It is found in the interior of he upper lobe, and in its upper part.

Dr. Galezowski has observed in twenty years, among 152,000 persons, 789 detachments of the retina, of which 87 were in both eyes, 63 in emmetropic and hypermetropic eyes, and 194 were traumatic; 13 occurred after extraction of cataract, 18 were syphilitic, and 4 in sympathetic affections.

It is not an easy thing to decide as to the innocuity and harmfulness of a given water, for it is a well-known fact that many waters, even when containing a large amount of organic substances, and at times be used with impunity, while at others its use was attended with baneful results.

In epistaxis do not pass in pledget after pledget of cotton, as it has happened that one has been forgotten and caused trouble for years. Counter-irritation over the liver, with mustard-plaster, ammonia, or blister, is very efficacious. The placing of hands or feet, or both, in very hot water, is often tried with success.

There can be little doubt of the injurious effects of micro-organisms upon milk, and the best way to prevent this is not to trust to keeping the milk cool, but to first boil the milk in a flask supplied with a sterilized cotton stopper or a suitable sterilizer. It can thus be set aside and kept for a considerable time in a pure condition.

The contagium of puerperal fever is always from without, and never autogenetic. It is carried always by the medical attendant or nurse. Aseptic cleanliness on their part is the best prophylaxis. The intra-uterine douche should never be used in private practice; it is dangerous, and should not be trusted to an unskilled nurse.

In rhinology much has been done for the successful treatment of hay-fever since the appearance of a paper by the president, in 1881, upon the predisposing intra-nasal causes of this disease. Now a large percentage of those who formerly fled to the mountain tops in search of relief may be cured at home by proper and rational surgical treatment.

Variation in dose arises (1) from the differences (*a*) between one person and another; (*b*) between single individuals at different times; (*c*) between the intensity of the disease in men suffering with the same affection; (*d*) between diseases in which the same drug is used. (2.) From the variability in the activity of the greater part of our remedies.

Opening of the peritoneal cavity of a man is far different to opening that of a woman, and liable to more risks; the breathing of a man is largely abdominal, while that of a woman is almost entirely thoracic; the incision in the man should not be a bit larger than is necessary, because of his laborious work being liable to produce ventral hernia after recovery.

The term heat-stroke may be divided, according to the degree of severity of the disease, into ardent fever, heat-apoplexy, and sunstroke. The first is characterized by a high fever of short duration, and by great exhaustion; the second, by all the signs of apoplexy, and causing death by asphyxia; the third, by great cardiac debility and nervous manifestations.

Primary erysipelas of the larynx is fortunately a very rare disease, and no good clinical history is given showing the laryngeal appearance. The disease is usually secondary to erysipelas elsewhere on the body; where primary it is found in hospitals where the air is bad, and where the patient's bed is near that of another who has an attack of erysipelas.

Oöphorectomy is now recognized as a legitimate mode of treatment of insanity, and castration in appropriate cases has, at present, some able advocates; electricity is now being used with more intelligent knowledge of its power. Its hand-maid massage, less powerful and less mysterious, but not less practical, has gained a position of prominence in the treatment of insanity in many institutions.

The uterus is the seat of entrance of the poison of puerperal fever, and in private practice the best safeguard is to keep the uterus firmly contracted. Keep the patient in as good general health as possible during the latter months of pregnancy, feed her soon after labor and keep up her strength, for where there is weakness and debility the uterine contractions are apt to be imperfect.

Not a few medical teachers advise the prohibition of milk during the progress of cholera infantum, basing their opinions on clinical experience. The same view had been reached by Dr. Vaughan through a long series of laboratory experiments, which show that normal milk inoculated with a small portion of poisoned milk and kept a few hours at the temperature of the body becomes itself poisonous.

It is important to distinguish the various forms of puerperal fevers. In Edinburgh there are many cases of typhoid after labor; these were sometimes difficult to differentiate from ordinary sepsis, sometimes distinct and with a clear history of sewage-infection. Scarlatina and measles after delivery simulate septicæmia. These diseases in the puerperal woman are apt to prove fatal before their full development.

There are many ways and many forms of puerperal infection. In a larger number of cases than we would suspect, debris, bits of placenta, decidua, etc., are left in the uterine cavity which are, in our present modes of practice, infected by patient, nurse, or doctor. The only rational treatment was to remove all decomposing material and prevent a local poison from invading the entire system and producing general sepsis.

Smoking is far more injurious to the air-passages than chewing. The smoke comes into the mouth heated, and loaded with an irritating oil that would soon coat the mucous membrane were it not washed away by the saliva. Cigarette-smoking is especially injurious, because the smoke is so universally inhaled, causing pharyngitis, and chronic irritation in the nose, not to mention the injury it may occasion to trachea and lungs.

Should a woman suffering from fibroid tumor of the uterus be allowed to marry? If the patient is not suffering from symptomatic troubles you may tell her that she will never be pregnant, but if pregnant she will probably have hemorrhage and may die of it. With this understanding, if she persists let her marry. The doctor reported eight cases in brief. In one of these, after a large number of pregnancies, the tumor disappeared.

Dr. Link said that he had used alcohol as an anæsthetic in over a hundred cases and never had a fatal result, while the anæsthesia was complete. The whisky to be given in two-ounce doses, every two to five minutes, until a pint to one and a half pint has been taken and the patient became stupefied. Then about two drachms of chloroform were placed in the cone, and a few respirations would put him to sleep; the operation could then be carried out.

In tetanus the wound should be freely opened and cleansed with some antiseptic fluid, and dressed in accordance with the methods of modern asepsis. Isolation and rest in a dark room, free from air-currents, are of great importance. The removal of wounded parts has not given good results in traumatic tetanus. Supporting measures are indicated in the disease, and the intelligent use of stimulants. The use of concentrated foods must not be overlooked.

Certain contra-indications exist against sending consumptive patients to high altitudes. The most prominent of these are: advanced age of the individual; an excitable, nervous temperament; valvular lesions, with rapid action of the heart; marked and extensive emphysema; pneumothorax and

hydro-pneumothorax; active pneumonia or hæmoptysis; high bodily temperature; extensive involvement of lung-tissue, and similar conditions.

In Syria the native operators for vesical calculus proceed as follows: The patient is laid on his back, without the use of anæsthetics, and held by assistants; the stone-cutter inserts two fingers into the rectum and feels for the stone in the bladder; when felt it is pushed toward the neck of the bladder, and then, with the aid of a razor or borrowed scalpel, he cuts down upon the stone through the perineum, and when reached the stone is pushed out by the fingers in the rectum.

The phenomenon of uterine contraction during pregnancy is now a widely recognized fact. The sign mentioned is especially valuable before the fœtal heart-sounds can be distinguished, and in the third month when it can be employed in addition to Hegar's sign. One important result of these contractions is that when the uterus contracts forcibly its contained blood is suddenly emptied into the surrounding parts, distending them, and thus favoring the dilatation of the parturient canal.

The speaker reported the case of a young woman who was struck on the head with a brick, causing depression of the skull; she had been trephined shortly after, but ten years later she began to exhibit symptoms of insanity; trephining was suggested by the speaker, and the operation followed out, the space after the operation being three and a half inches by two inches. No elevation of temperature followed, and at the end of twenty-one days she was perfectly rational; the wound united by first intention.

The earliest and most characteristic signs of scarlatinal nephritis are diminished urine and puffiness of the face, which may appear several days before albumin is detected. The amount of albumin and its specific gravity vary greatly in different cases. The urine continues to diminish in quantity, and œdema of the face sets in, with vomiting and other uræmic symptoms, when suddenly a crisis like that of pneumonia takes place, large quantities of smoky urine of low specific gravity passes, and the patient is convalescing again.

Three years ago Dr. Vaughan isolated the active principle from poisonous cheese. He named it tyrotoxicon. Later he found the same principle in milk, ice-cream, and other articles of food. In experimenting with this poison it was found that its action on the lower animals produced the phenomena of cholera infantum. The symptoms and the post-mortem appearances were identical. From this it is easy to understand the prevalence of cholera infantum among the very poor, where fresh, wholesome milk is almost unknown.

Dr. Smith asked Dr. Vaughan in regard to the post-mortem appearances in the animals who had died from the effects of tyrotoxicon, and especially in regard to the mucous membrane, which, in patients dying from cholera infantum, is pallid after an illness of twelve or twenty-four hours, and injected if the disease had lasted three or four days. Dr. V. replied that the mucous membrane of the stomach and intestines had been, as a rule, pale, and even almost white. In cases where the animal had survived a longer time, the membrane had been congested, but never in a very marked degree.

Alopecia areata is not a hair disease at all. Nor is it a trophoneurosis. And the view that it is a vaso-motor disturbance of central origin is not to be entertained, hence he looked for a local cause and found micro-organisms like those described by Von Lehlen. They are present in the lymph-spaces of the corium and sub-papillary layer, with some in the papillæ, and also deep down in the corium. They consist of cocci in masses, colonies and lines, and in rows in the lymph-spaces. Diplococci are frequently seen. In a case of one week's duration, micrococci were very abundant.

The old idea, and perhaps the one which is even now most prevalent, is that the epiglottis acts like a lid hinged to the base of the tongue, and by a simple backward movement covering the larynx and directing the food into the œsophagus. But it does not have any such simple action as that. There is always a slight regurgitation of food and liquids as they are grasped by the middle and inferior constrictors, which would be apt to lift up the epiglottis and pass beneath it. As a result of experiment, it is found that the epiglottis on irritation folds the sides together so as to grasp the upper part of the larynx.

Dr. Keller, of Hot Springs, Ark., related an incident of war times. He was in charge of a hospital on the Southern side. An epidemic of variola broke out. A supply of lymph was received, with instructions that it came from the North, and was suspected of being poisoned. Such stories were then current. He decided to use it, and, to avoid error, divided each point, vaccinating a citizen with one part and a soldier with the other. Nine-tenths of the soldiers had unhealthy sores following the operation, but none of the citizens, showing that they were due to the scorbutic condition of the soldiers, and not to impure virus.

An early application of the saturated solution of boracic acid in strong alcohol often arrests boils in the external auditory canal, and even in the cases where this abortive treatment should fail, the perseverant use of the over saturated solution always stops the otherwise nearly unavoidable succession of boils, originated by auto-contagion. These results are of great importance, firstly, because aural furuncles are known to be extremely painful; secondly, because, according to my experience, the longer this local furunculosis lasts the greater is the tendency of the boils to form in parts situated nearer and nearer the drum, and consequently to prove more and more painful.

The New England States lead with one insane person to every 359 inhabitants. This decreases until we reach the newer states and territories, with one insane person to every 1,263 inhabitants. In the seaboard states of the Southern belt we have one to every 610 inhabitants, and the extreme Southern States with but one to every 935 of the population. This emphasizes the statement that the pioneers of our newer settlements are the more hardy and vigorous citizens, and that the feeble and dependent are left in their former homes to enjoy the comforts of the hospitals and asylums, which are the special growth of the older civilization.

Localized bulging of the abdominal wall after gun-shot wound, usually means that a blood vessel is bleeding freely deeply down, and that the track of the bullet does not lead into the abdominal cavity. A long line of tenderness in some one direction under the skin shows that the bullet has followed that direction. Absence of pulsation in radial arteries means usually that large blood-vessels in the abdominal cavity are open. Persistent nausea and vomiting are among the most important signs of perforation of intestines, and means much more than shock. Immediately after operation abdominal respiration will sometimes begin, and the nausea and vomiting will stop.

The treatment of penetrating wound of a joint may be summarized into: The arrest of hemorrhage; treament of shock; the removal of foreign bodies from the wound, which should be enlarged if necessary. In all cases of suppuration a direct opening should be made for its evacuation. After any form of injury an effort should be made to save the limb; perfect immobility should be secured by plaster-of-Paris or other fixative dressing: finally, pain should be alleviated, and the general condition be improved by stimulants, good food and the like, according to indications. The treatment of the injury throughout should be antiseptic.

There is no direct connection between the maternal blood vessels and the placenta; if the cord is ligated late, or if only the fœtal portion is ligated, blood flows from the placenta. The cord is normally attached near the centre of the placenta; if, then, blood is extracted, the placenta must shrink and the edge will first become detached. If blood is not extracted from the placenta, it is more rigid, and as the uterus contracts the centre is likely to be first detached. A sac is thus formed which fills with the maternal blood, and the mouths of the uterine vessels do not firmly close. When the placenta is delivered this accumulated blood rushes out and the maternal vessels again bleed.

Dr. MacKenzie, of Baltimore, stated a case of a woman who had been under his care, who always had an attack of hay-fever whenever exposed to the pollen of rose, and even the sight of it would cause a violent attack. He caused a very perfect artificial rose to be made, and one morning when the patient came to the office, entirely free from hay-fever, he placed the rose near by, and in less than a minute her nostrils were occluded, eyes reddened and suffused; and she was in the midst of a bad attack. Air was pure, and there was no dust on the flower. After having been informed of the trick, fresh pollen put on the flower had no effect, and since then she can use roses without trouble.

SELECTIONS.

The Climacteric.

In the *Hahnemannian Monthly* Dr. Clarence M. Conant gives indications for the following remedies, for disturbances occurring at the menopause:

Instead of a stereotyped list of rubrics and drugs, allow me to call your attention to a few drugs, and indicate their sphere of usefulness.

Carduus mar. is a drug of supreme importance in liver troubles during climaxis. The symptoms point to hyperæmia, jaundice and gall-stone formation. It much resembles Chelidonium. There is swelling and tenderness of the liver, especially its left lobe; brown, constipated, knotty stools, or soft, clay-colored evacuations. Asthmatic bronchitis and catarrhal symptoms intensify the picture. We have seen many cases of inflamed liver cured by this drug, and one severe case of hepatic calculi which had resisted careful treatment, including a prolonged course of China. We have used only the first centesimal dilution.

Ustilago is a drug which sometimes successfully rivals Lach. in controlling the flooding of climaxis. The flow is mostly dark and clotted, and excessively profuse, not infrequently accompanied by ovarian irritation, the left ovary being preferred. This drug will also cure the headaches of climaxis. The pain is in the forehead and top or side of the head. Vertigo is also among the climacteric symptoms of the drug. For the floodings we have been most successful with the 3x trit. But several cases of headache, resisting a great variety of other treatment, have yielded *handsomely to the 30th. Senecio* we are apt to regard solely as an emmenagogue, and as such we have found a material dose essential. But sleeplessness and nervous irritation in climaxis will frequently be removed by exhibition of this drug in the 30th, as a number of cases on my records attest. A chronic bronchitis, with more or less profuse yellow sputa and debility, as evinced by symptoms simulating phthisis, is also characteristic of this drug. But for this condition a material dose of the drug is more useful than any dilution.

In my experience no drug so often controls the flushings and flashes of heat so annoying to many women in climaxis as *Verat. viride.* It will also control the headache and cardiac palpitation when these rest positively upon a basis of plethora or disturbed equilibrium of the circulation, but must be used in a low dilution to do it.

Of course Lachesis is well remembered by us all as an old, well tried, and almost never-failing friend and helper in *all* climacteric conditions, especially those of the heart, and for flooding. And I shall hope not to excite your ridicule by simply saying that my best results have been with the *30th and higher. Actea* (*Cimicifuga*) has always seemed to me as if it should be a drug most useful in climaxis, but I must confess to entire failure with it. I have tested it from tr. to 1000; except in cases of rheumatic or choreic heart trouble.

Xanthoxylum. I occasionally find a good remedy for headache during the menopause in spare nervous women, who have had scanty flow, tending to sudden stoppage, with much ovarian and crural pain. The headache is mostly frontal. We use this drug mostly low, but have seen fine results from the 30th.

In repeating from them, I prefer and have found most useful:

For flooding. 1. Lach. 30, 2. Crocus 30, Ustilago 3x, Triticum.

For headache. Crocus, Lach., Ustilago, Xanthox., Sanguin.

For flashes of heat. Verat. vir., Acon., Glon., Sang.

For palpitation. 1. Lach., 2. Cactus, Puls., Verat. vir.

Cod Liver Oil for Infants.

Dr. C. D. Crank, of Cincinnati, in the *Medical Counselor*, says that he has had excellent results in cases of mal-nutrition of infants, and weak and sickly children who are subject to convulsions, by giving Cod-liver oil.

I do not advocate fat or oils as a cure-all. Especially I would not be understood to say that the benefit to be derived depended upon the quantity fed. I would not advise indiscriminate feeding of any kind, much less of fat or oil; but I am positive that a careful, judicious use of them, both regarding quantity and form, together with proper regard for hygienic conditions, will be found of great

assistance in that large class of infantile maladies so intractable to medicinal measures coming under the general term of *mal-nutrition.*

Case one.— Baby girl, 7 months old; two teeth; bottle-feed; family history good. Had been a fat, robust baby up to the fifth month, when the bottle began to disagree, followed by gastro-intestinal troubles, with rapid loss of flesh. Various foods were tried without success. Recommended rubbing with table oil and feeding peptonized milk. Child improved for a time. The diarrhœa and vomiting returned; continued peptonized milk, adding ten drops of Cod liver oil three times a day. Improvement marked and continued through teething without serious trouble.

Case two.— Boy, aged 9 months; four teeth; at the breast; tubercular history. Always been a delicate, sickly child; weak digestion, with the usual train of ills. Ten drops of Cod liver oil three times a day. Rapid and permanent improvement.

Case three.— Girl baby, 6 months old; no teeth; at the breast; large head; light hair. Was fat and robust up to fifth month, when it had the first spasm; nervous, wakeful and irritable; profuse perspiration about the head; weak digestion, with constipation. Cod liver oil disagreeing, changed to Hydroleine, ten drops three times a day. No convulsions after the oil was given. Gained in flesh and passed through teething without a relapse.

Case four.—Baby girl, aged eleven months; four teeth; at the breast. The little one "did not start off right," the mother said. Constant trouble since birth; weak digestion; frequent attacks of diarrhœa; great irritability and eczema. Cod liver oil not agreeing, gave Hydroleine ten drops three times a day, followed by immediate improvement. The mother, for some reason, substituted Scott's emulsion, which the child still takes and continues to improve.

The Treatment of Wounds.

Treves, of London, detailed, at a recent meeting of the Harveian Society, his method as follows:

Dealing first with wounds of the lower extremities, he dwelt on the greater mortality attending these injuries, and the reason assigned for healing taking place more slowly and imperfectly. In his opinion bad ventilation is one cause; the atmosphere under the bedclothes is close and stuffy, if not positively fetid; the limb may be wrapped up in cotton-wool, but ought to be freely exposed to the air. Again, in wounds about the toes and feet, the large sheaths of the tendons are opened; no care is taken to close them, and they become practically open tubes, in which pus accumulates. In removal of the toes, healing is often prevented by sloughing of the flaps; this is due to the operator neglecting to respect the integrity of the artery which supplies blood to the flap. In cases of fractured patella no treatment is better than the use of Malgaigne's hooks, provided these are scientifically applied; the author described his method of applying them. Mr. Treves protested against the use of plasters in putting up compound fractures of the lower limb; his plan is always to fix these fractures by the use of straps and buckles, to expose the limb freely to the air, and to keep the wound constantly powdered with iodoform until a firm scab is formed. While dealing with wounds of joints, the author remarked on the great value of irrigation, and gave notes of a case in which amputation of the lower limb for desperate disease of the knee-joint had been avoided by keeping a stream of water flowing through the joint for a month. In discussing the dressing of operation-wounds, the relative merits of iodoform, corrosive sublimate solution, etc., were discussed, but preference was given to dry sponge dusted over with iodoform. Great stress was laid on the different drainage of abscess cavities and wounds; for large abscesses, as in suppurating hydatids of the liver and psoas abscess, the tubes ordinarily used were quite inadequate. — *British Medical Journal.* — *P. & S. Investigator.*

A Remedy for Ivy Poisoning.

I have always been extremely susceptible to the poison of poison-ivy and oak so as to give me great annoyance, unless it is immediately checked on its first appearance. This, common washing-soda accomplishes for me, if properly applied. I make the application by saturating a slice of loaf-bread with water, then cover one surface with soda, and apply to the eruption, the soda next to the flesh. When the bread is dried by the animal

heat, I drop water on the outer side so as to keep it thoroughly moistened, and dissolve the soda crystals in contact with the skin. This, you will perceive, is merely a bread poultice; the bread being a vehicle through whose moisture the soda reaches the humor. I find that the washing or bathing with soda-water, even continuously, will not suffice with me. My skin requires the heat and moisture of the bread in order for the soda to act on and neutralize the poison. I rarely have need to retain this soda poultice for more than thirty minutes on any affected part. No pain ensues. Formerly I suffered often for weeks, as the poison would spread all over the body. Now thirty minutes measure is its duration. —*Medical News.—P. & S. Investigator.*

Intussusception Treated with Inflation and Massage.

Cheadle reports three successful cases. A boy of five months began on July 4th to have constipation and vomiting; the bowels were moved on the 8th by Magnesia, and again on the 10th by some other cathartic. On the 11th screaming pains began, with persistent vomiting and great restlessness. On the next day he passed blood and was then admitted to the hospital. The characteristic sausage shaped tumor was present in the umbilical region and extended toward the left side. The rectum was empty. A small quantity of water only could be injected, so that air was substituted, retained by pressing the anal folds tightly together over the tube. The abdomen was kneaded gently at the same time. In a few minutes the tumor was gone. It recurred in the right hypochondriac region a few hours later; the injection of air and massage were repeated under chloroform and the tumor rapidly disappeared. Four hours later a natural movement from the bowels occurred, and the patient made a complete recovery. Two other similar cases are reported with equally good results. Elliott adds another case which was finally cured, although two relapses occurred on the fifth and twenty-fifth days respectively. The same method saw employed as by Cheadle.—*Lancet.*

Fancy Gap, Virginia.

To the Editors of The Medical Era:

I would like some of the many readers of The Medical Era to prescribe for the following case. Will give symptoms in her own words:—married, twenty-six years old, blue eyes, fair skin, courses have never been regular, from six weeks to three and four months apart, once twelve months; scanty, dark color, pains, bearing down, extending down legs, absent-minded, excitable, pain in forehead and eyes, sometimes all over head, sometimes only one side, dryness of tongue and throat, empty feeling at pit of stomach, bloated abdomen, weak, sinking feeling, bearing down in pelvic region, ovaries somewhat inflamed; urine sediment adheres to vessel, pains burning during and after coition, parts tender to touch, weakness in chest, exhaustion from talking, cold feet and hands, heavy feeling of arms, swelling of whole body, weakness of legs, chilliness and dryness of skin, hardly ever perspire, aggravation from head, very sensitive to cold air, takes cold easily, has a cough following an attack of bronchitis, prolapsus with slight anteversion, aversion to all food. Patient has been treated by several allopaths without relief, and now wants help from homœopathy if it can be had. I would be very thankful for help, as I am young in homœopathy. W. S. Lyon, M. D.

Vienna Clinics—Reflex Action in an Unborn Child—Eleven Dead Babies Strewn about the Floor—Management of Breech Labor.

Dr. George Halket, in a letter to the *London Lancet*, gives the following interesting account of the method of conducting clinics in Vienna. In describing an ovariotomy by Braun, he says:

The arrangements partook somewhat of the nature of a ceremony. Everything was ready, the assistants and nurses were at their places, the patient was on the table, with the chloroformist standing at her side, and all were waiting for the entrance of what might justly have been termed the master of ceremonies.

On his appearance, the students rose in a body to receive him and the administration of chloroform was immediately begun. Dr. Braun took a seat at the right side of the patient, and before the operation began made a note of the time. During the whole time the operation lasted, which was 35 minutes, Dr. Braun never once left his seat, and never had to ask for anything; everything he wanted seemed to be anticipated, each asistant having his own particular duties to perform. The operation went with a smoothness and regularity which nothing could exceed, and was loudly applauded by the students at the end.

The next operation I saw him do was one which, though skilfully and carefully performed, did not give so much satisfaction. This was the induction of premature labor on a woman at the end of the eighth month of pregnancy, in whose case craniotomy had been performed in her previous confinement. The child *in utero* was lying in a transverse position, and turning had to be performed. The patient was placed on her back on the table with her face looking toward the students, and what surprised me very much was that chloroform was not given, although the operation was both a tedious and painful one.

Braun inserted his left hand into the vagina, and gradually dilated the os with his fingers. He then ruptured the membranes and brought down a foot. To show the child was alive, and also illustrate a reflex action, he tickled the sole of the child's foot and immediately the foot was drawn back amidst the laughter of the students. To show there was no deception, he tickled the foot a second time and once more the foot was drawn back amidst the unbounded merriment of the whole class. It was no doubt very amusing, but I could not help thinking that some consideration might have been shown for the feelings of the poor woman who was lying on the table. The patient was then removed into the ward and labor allowed to go on; but it was no laughing matter, when three hours afterwards, a child was brought into the world, in which no amount of tickling of the feet, nor any other means could produce one single sign of life.

The next class is that of Dr. Pritzl. Pritzl is chief assistant to Prof. Braun, and his class was for the demonstration and practice on the dead body, and on the phantom, of the different operations of midwifery. The class was a pretty large one — about two dozen, and comprised students of several nationalities. It was a sort of free and easy class, teacher and students alike smoking when they were not operating.

The dead body of a woman was lying on the table, the abdominal organs removed, and the dead body of a child inserted into the abdominal cavity, the head being placed in the pelvis. A sheet was then thrown over the body. The first operation was the application of the forceps. The student examined by the vagina to find out in which position the head of the child was lying, and then applied the forceps. In every case particular attention was paid to the rotation of the head, and to the direction in which force was to be applied while the head was coming over the perineum. Every student was asked to apply the forceps, Dr. Pritzl changing the position of the child's head from time to time.

The next operation was that of decapitation, the instrument used being a blunt hook. This was introduced, and placed over the child's neck; the point was inserted into the neck, and by means of rotating the instrument from right to left, the soft parts of the vertebræ were crushed through. The trunk of the child was then extracted by pulling down the arm; and the head removed either with the hand or by means of the forceps. An operation such as this, to be performed by a large class, requires plenty of material in the shape of dead babies; and on one occasion I had the curiosity to count the number of dead babies in the room, and I counted eleven. And when the headless trunks were lying on the floor after the operation, the sight was not a very pleasant one.

The management of breech and upper and lower limb presentations, together with the bipolar method of turning, were practised and illustrated by means of the phantom; and I got some useful hints from this part of the course, particularly in regard to the management of breech presentations.

Women, on the Continent, are confined lying on their back. When the breech and back are born, and the back of the child upwards, the legs of the child are carried well over the mother's left thigh; this has the effect of bringing down the child's left shoulder, and it is then an easy matter to relieve the left arm. That being done, the child's legs are carried over the mother's right thigh; this brings down the right shoulder and then the right arm.

I have tried this method in all the breech cases I have had since, and I find I can relieve the child's arm much, easier and with less pain to the mother, than I could do when the mother was lying on her left side.

German teachers recognize only two positions in midwifery; the first, where the face of the child is toward the mother's right side, its back being towards her left side; and the second, where the child's face is towards the mother's left side, and its back towards her right. Their first position thus corresponds to our first and fourth, and their second to our second and third.

When the sounds of the fœtal heart are best heard on the mother's left side, the child is

in the first position; when they are best heard on the right side, then the child is in the second position. Knowledge of this might sometimes be of service to us in diagnosing the exact position of the child's head — for example, if the fœtal heart sounds are best heard on the mother's left side, then the position is either first or fourth. if on the right side, then either second or third; and a vaginal examination would readily complete the diagnosis.

Before examining internally, we had very carefully to cleanse our hands, washing them first in a weak solution of Condy's fluid and afterwards in a solution of carbolic acid. If by any means we removed our hand from the vagina, and laid it on any external part, we had to go through the same disinfecting process before further examining. By the vaginal examination we found the condition of the os and cervix. If the os were open, we made out the presenting part, and if that were the head, then its position by means of the sutures and fontanelles. This being done, we were then told to find the conjugate diameter of the pelvis by endeavoring to touch the promontory of the sacrum.

This mode of examination must have caused a great amount of pain as well as annoyance to the patients, but they all submitted to it as a matter of course, and without any grumbling. Erlach was most anxious that when examining women in labor, we should on no account rupture the membranes. Unfortunately, on one occasion, the membranes were ruptured, and Erlach nearly broke his heart. When asked if that would in any way interfere with the progress of labor, he said: "No, but it would give more pain to the patient." The pain and discomfort of examining them, however, seemed to give him no concern.

I have not the slightest idea how many children are born in one year within the walls of the hospital, but I never entered the confinement ward but some cases were going on, and on one occasion I saw eight going on at the same time, and all in view of each other. Even when obstetrical operations are performed, such as applying the forceps, turning, or sewing a ruptured perineum, they never think of screening the patient in any way from the view of the others.

Very great attention is paid to the perineum, and in many cases of partial rupture where we would never think of interfering surgically, they operate.

CORRESPONDENCE.

SARATOGA LETTER.

Congress vs. Hathorn — Use of the Waters in Kidney Diseases — The New Carlsbad Spring.

Saratoga, Sept. 10th, 1887.

The monotony of silks, satins and diamonds at Saratoga has been enlivened this season by a tilt between the managers of the two great springs, whose mission on (and in) earth is to promote peristaltic action in bilious men. During the days of our forefathers the task of regulating the bowels of the nation was borne by the Congress Spring, but of late it has become an open secret that many prefer the acceleration of functionment secured by ante-prandial draughts of Hathorn water. The two springs — Congress and Hathorn — are not many rods distant from one another in space, and not widely different in chemical constituents. According to Chandler, the Congress Spring contains 700 odd grains of solids to the U. S. gallon, and the Hathorn, 888. The Congress contains 400 odd grains of sodium chloride, and the Hathorn 500 and odd. The Hathorn charges 5 cents admission to its spring, the Congress 10 cents admission to its park and spring. Whether it is that the Hathorn is suspected by its rival of giving more peristalsis for the money than the Congress is able to do, I know not, but at any rate war has broken out. So far the public has not been favored with rate-cutting, free catharsis, etc., etc., but has been liberally supplied with hand-bills which are of an intensely bitter character, suggesting a high percentage of magnesia somewhere. A suit for libel was brought against the Congress company, followed by more hand-bills and bitterness. The result has been that the two companies have wonderfully revived public interest in catharsis and the comparative merits of the two springs have been discussed and tested during the season with more than usual thoroughness. In the meantime those cathartic giants known as the "Champion" and the "Geyser" have not ceased to flow nor quicken the processes of life. In order of greatest cathartic strength and mineral impregnation, Stillman places the springs as follows: Champion, Geyser, Hathorn, Congress, Excelsior and Union, remarking, sensibly enough, that the milder waters are frequently more useful and better

borne than those with a stronger impregnation. The Champion is heavily loaded with mineral matter — nearly 1,200 grains to the gallon are to be found in it; the Geyser has nearly 1,000*. The managers of the different cathartic springs are all anxious to show but a small percentage of iron, for the latter, as is well known, is conducive to headache. The quarrel between the Congress and the Hathorn seems to the patient reader of the hand-bills to be based on the percentage of iron in the Hathorn water as compared with that of the Congress.

I have been paying some attention to the Saratoga waters with reference to their action on the urinary organs and to their value in urinary and renal diseases as compared with our Waukesha waters, for example. I find that most of the Saratoga waters, as is now well recognized by the careful and competent, should be used with caution, if at all, in most forms of *renal* disease. Considerable harm may undoubtedly be done to the kidney-subject who comes to Saratoga, hires a hack, and goes tippling round from spring to spring; mixing the waters and taking too large a quantity, have resulted sometimes in hæmaturia. Those with a tendency to phosphatic urine should avoid rendering the urine alkaline, and should not drink the alkaline waters. That the Saratoga waters provoke and increase the flow of urine is, in general, not to be denied, and will be noticed by anyone in about five minutes after arrival at the springs and partaking of their contents; the Crystal, Empire, High Rock, Red and Star are mentioned as of diuretic value. Of these the Red is least charged with mineral matters and hence least likely to do harm.

There are but few alkaline waters at Saratoga, but among them we find the celebrated Saratoga Vichy, Seltzer, and the new Imperial. The value of these waters in urinary disorders is well known. The Vichy is of service in cases where the urine is loaded with uric acid and urates (red sand, brick-dust sediment), for these substances are dissolved by alkali. Vichy water is used also in cases of renal calculus, especially of the uric acid variety. Of late, however, Lithia waters have come into prominence for their virtues in dissolving uric acid, and the Vichy has several rivals among them. It holds its own still as a beverage in diabetes mellitus, and is most grateful in quenching the dreadful thirst of that dire malady. Diabetics who cannot afford a journey to the French Vichy Spring should try that of Saratoga, and use it at home, bottled, as a table-water; it is recommended especially for stout and obese patients.

*Chandler's analyses.

I visited yesterday a comparatively new spring, and one of exceeding interest to me. It is called the Saratoga "Carlsbad," and is in the neighborhood of the Champion, Vichy and Geyser, being 1,260 feet southwest of the Geyser, and on a point of land 56 feet above the latter. Prof. Chandler has analyzed it and finds it like the Champion in one respect, namely, heavily charged with mineral matters — 1121. 4954 grains to the gallon; but in carbonic acid gas it differs from the other springs, containing a relatively large amount, 713.43–x cubic inches to the U. S. gallon, or more than 200 cubic inches more than any other spring in Saratoga. On being drawn from the faucet it bubbles and sparkles like soda-water, and is remarkably clear. Chandler's analysis shows bicarbonate of ammonia in it in amount 6½ grains to the gallon. It has a pungent, salty, not disagreeable taste, and efficiently does away with any "bad taste" in the mouth. The Carlsbad was struck last September, just about a year ago, 283½ feet from the surface and 254 feet down in the solid rock. The soil above the rock is a sandy loam, and the rock formation consists of a stratum of slate 180 feet thick, beneath which is a stratum of birds-eye limestone in which the vein was struck. It is recommended for "sour stomach and sick headache" and vaguely for "kidney diseases." As this is its first "season," I cannot give much information regarding it, but think it worthy of notice if it contains, as Chandler's analysis shows, the salt of ammonia mentioned above.

Like many things in this world, it would appear to have a "great future."

CLIFFORD MITCHELL.

POISON IVY.—In cases of poisoning by *Rhus toxicodendron* I have met with satisfactory results by the use of tincture of Apis mellifica and Rhus tox. in minute doses. Perhaps this treatment savors of homœopathy, but nevertheless I find it effectual.—*Dr. Perry, in Ft. Wayne Medical Journal.*

Orificial Surgery at the International Congress.

Chicago, Sept. 27th, 1887.

To The Medical Era:

In reading the report of the recent assemblage of so-called "regulars," in session lately at Washington, I was particularly interested in the following:

Dr. J. M. Matthews, of Louisville, Ky., read a paper on

THE ANATOMY OF THE RECTUM AND ITS RELATION TO REFLEXES.

He began by reviewing the anatomical bearings of these parts, which he thought had been much neglected. He traced the relationship between this portion of the economy and the various functional and nervous diseases which are so often met with in practice. The rectum is a connecting link between the sympathetic and general nervous system, being the seat of a complete network of nerves which not only control the vascular supply to the parts, but, by reason of their action upon the muscular walls of the gut, interfere with the proper and ordinary functions of that organ. He thought that the reflexes had not been sufficiently considered, and spoke of the difficulty with which these parts were brought under the influence of an anæsthetic on account of their extensive nerve supply. He spoke of the many causes of constipation causing congestion of the mucous membrane and reflex spasm of the sphincter muscle. He related cases showing the large number and variety of symptoms rectal irritation could produce. He quoted two or three cases from practice which illustrated these conditions of hemorrhoids, ulceration, etc., and which, when treated locally, resulted not only in cure of the original difficulty but of the severe constitutional symptoms of which it was the result. This was further illustrated by a case of stricture near the sigmoid flexure, which the author successfully treated by manual dilatation under ether.

In the discussion which followed Dr. F. C. Shaeffer, of Chicago, spoke in commendation of the paper, and related a case of intense pruritus of the thighs and scrotum which was produced by hemorrhoids, and which was cured in forty-eight hours after a radical operation for the same.

Dr. Wm. C. Wile has met with several cases which illustrated these facts. He recalled one case in which ulceration just inside the sphincter had produced such severe symptoms of insanity that the patient was for a long time under treatment in an asylum. Dilatation of the sphincter and treatment of the attending ulceration resulted in a perfect cure of the mental difficulty.

Dr. Pancoast spoke of the extreme amount of irritation which often resulted from hemorrhoids and of the relief which so often resulted from the cure of trivial diseases in this locality.

Dr. A. B. Strong, of Chicago, had recently seen a case of gleet associated with difficulty in passing water, which was due to the ulceration of the rectum just back of the sphincter. There seemed to be no other cause of the difficulty, as the urethra admitted a sound of large size.

Dr. Gervais, of Belgium, said he had seen many cases of reflex irritation from the rectum.

The allopaths, with their callous consciences, have of late years entered the vineyard of homœopathic materia medica and plucked all the ripe fruit within their reach. But instead of calling our medicines 1st, 2nd, and 3rd attenuations, they have applied the more stately 1-100, 1-1,000 1-10,000 of a grain, etc., and in this guise used them according to the most approved homœopathic doctrines. They have no journal that does not teem with the accounts of the use of these gems of stolen truth, and their recent works on materica medica abound in them. The source of their information is known, and the manner of their prescribing is known to be homœopathic. They know that this is so, we know that it is, and they know that we know it. Yet, false pride, dishonesty (?) or some other equally unworthy motive permits them to stand and stare at a thing and never see it.

The above report smacks of the same narrow-minded bigotry or ignorance — whichever it may be. The Medical Era has for years been publishing articles on this subject, until the homœopathic profession has become well-informed, and hundreds are now practicing it. In the published proceedings of the American Institute of Homœopathy for 1886, page 637, et seq., may be found a comprehensive exposition of this new philosophy, based entirely on reflexes, a method old to the homœopathists at the time it was read, and so wide in its scope as already to have worked almost a complete revolution in the treatment of the entire list of chronic diseases. I am glad to learn that the members of the other school are still alive, and following in homœopathic footsteps as fast as they can, with the aid of their crutches.

I have but one suggestion to make. Since they evidently relish what little taste of homœopathy they have already had, I would encourage them now to make a full meal — to become regenerated, to become honest, square, out and out homœopathists. They would feel better, succeed better, do less harm, and cure more patients than with their present mixed methods. And then their consciences would be clearer.

So, also, in the matter under consideration, they are following the guidance of the new school, and they seem to be much pleased with what they have picked up. If they will go still farther, and adopt the whole of "or-

ificial" surgery they will attain results that will make them still more enthusiastic, and in time they may hope to become very fair "orificialists." But not until then can they do their patients or themselves justice.

The subject of the orificial philosophy is great enough for any assemblage of medical men, and I am glad to see that it came up in the Washington meeting. But I must say that I dislike to see it so unfairly divided, and so poorly handled. The next time, I hope they will not neglect the sexual system. If they include this with what they have already learned about the rectum, they will, in course of time, arrive at the conclusion that the majority of homœopathists arrived at long ago — that the "orificial philosophy" is sound, based upon experience oft-repeated, and oft to be repeated.

The sooner the allopaths start, the sooner they will get there. Come along, brothers, we want your company; but stop calling names, be half way decent, be honest and manly and we shall be glad to have you with us.

E. H. Pratt, M. D.

[The members of the old school who do not care to wait for Dr. Pratt's forth-coming work, may gain some information from his present hand-book on "Orificial Surgery." Evidently they have already studied it to some purpose.—Ed.]

COLLEGE NEWS.

SAN FRANCISCO.

In the third stage of labor Prof. Burdick advises the removal of the placenta within a few minutes after the birth of the child. When necessary, to make traction on the cord, place one hand upon the uterus, and with the other make the effort as the uterus *contracts*; if at any other time than during contraction a cupping is likely to ensue and inversion of the uterus.

As the placenta reaches the vulva, take it in the hands and rotate it so as to secure all the membranes and fibres.

The professor has obtained the best results in post partum hemorrhage by the use of Secale, China and Cinnamon, each 3ℓ in one-half glass water, a teaspoonful every few minutes.

Prof. Curtis has performed a number of operations in the surgical clinic upon deflected nasal septums. In each case the condition was the result of trauma, causing a partial separation of the cartilage from the bone, or a bending of the cartilage upon itself. The condition was remedied by taking a V-shaped piece out of the cartilage, and then maintaining the septum in the middle line by steel pins. The result was most satisfactory in each case.

Prof. French has achieved the best results in corneal ulcer of an indolent character that will not heal under medicinal treatment by following Sanish's operation upon serpentine ulcers, that of splitting them through their entire length. The intra-ocular pressure being thus removed, almost immediately granulations begin at the bottom of the ulcer, which soon heals.

Prof. Ward calls attention to the fact that uterine displacements are the *result* and not the *cause* of constitutional debility, therefore our central idea in the plan of treatment must be to build up the patient's health, thereby greatly facilitating the cure of the local trouble.

The favorable preparation in the gynecological clinic for the local treatment of erosion of the cervix uteri is Tannin and Glycerine, in the proportion of ʒij. of tannin to ℥j. of glycerine.

Prof. Eckel's lectures on diphtheria were a wealth of practical suggestions to the students. As illustrating the affinity of the diphtheria poison for denuded surfaces, he related a case in an adult, in which the membranes formed solely and throughout the entire disease, upon a scratch on the leg; the constitutional symptoms were very severe and the membranes reformed rapidly whenever detached. The professor warns the student never to leave a case of diphtheria when there is persistent bilious vomiting in a child, without a thorough examination of the throat.

The remedies which have yielded him the finest results are Merc. Cor., Apis; or Cyanide of mercury, when the prostration is marked. Also Merc. iod. cum Kali iod.

In the local treatment, for a gargle, he prefers red claret wine diluted with warm water as the most soothing that can be used. As a spray, lactic acid, 15 drops to ʒij of water, given every hour, stands foremost. A ten per cent solution of Benzoate of soda is also excellent for dissolving the membrane. Lemon juice acts well upon the membranes, but it is so painful that a child will rarely submit to it.

Stimulants he uses largely throughout the disease, preferably brandy and champagne

MISCELLANY.

We have the authority of *The Medical Record* that a prominent publisher of a regular medical book sells more books proportionately to the homœopaths than to regular physicians.—*Medical Age.*

The Southern Homœopathic Medical Association will hold its fourth annual meeting at New Orleans, Dec. 14—16, 1887.

C. G. Fellows, Sec'y,
New Orleans, La.

The editor of the *Am. Med. Journal*, of St. Louis (Eclectic), in speaking of the treatment of dysentery, says:

Bi-chloride of Mercury.— The bi-chloride of mercury, third decimal trituration, ten grains dissolved in half a goblet of water and administered in teaspoonful doses every one or two hours, has been the remedy *par excellence* in some of the epidemics through which I have passed.

Powder-Marks.—Let the powder remain imbedded for a few days, by which time a slight inflammation will have caused an elevation of the powder grains; if a sharp razor be now passed over the surface, and a fine, stiff sponge used as a mop, it will be found that the powder grains will all come out, together with the coloring-matter, which will be removed by the sponge. The razor cuts off the tops of the papules.—*Dr. Perry.*

Experience.—Young student physician (to charity patient): "I — I think you must have a — a — some kind of a — a fever; but — our class has only gone as far as convulsions. I'll come in again in a week."—*Harper's.*

E. D. N. has been heard from again. Concisely stated, his attempted reply to the Era's editorial amounts about to this:

Anyone who replies to me must do so under conditions which I prescribe. The conditions are —

(1). He must not cover two pages of editorial;

(2). He must not *bubble up* on the concluding page;

(3). He must use the same "very small pocket affair" dictionary that I do when I go into (summer retirement);

(4). He must not lay himself liable to the insinuation of being "blatant."

Any reply which violates these conditions is no reply at all. E. D. N.

PERSONALS.

Dr. J. W. Barnsdall has opened a private surgical and obstetrical hospital, at 404 N. 16th St., Omaha, Neb.

Dr. C. H. Goodman is the new Professor of Theory and Practice in the Homœopathic Medical College of Missouri.

Dr. T. G. Comstock, of St. Louis, attended the International Medical Congress, and became an active member.

Dr. O. S. Runnels delivered at the Chicago Homœopathic Medical College the best address that the class and faculty ever listened to.

Dr. E. G. Morey, formerly of Rock Island, Ill., has removed to Sioux City, Ia., and Dr. A. W. Slaught has succeeded to his Rock Island position.

Dr. M. J. Whitford has removed from Walworth, Wis., to New Market, New Jersey, where he has succeeded to the practice of Dr. T. P. Edwards.

Dr. G. Frank Lydston has an interesting paper in the present number of the Era, in which he takes the position that there is such a thing as recurrent syphilitic bubo.

Dr. Prosper Bender, of Boston, has issued in pamphlet form his very excellent paper on the Pathology and Physiology of Diabetes, read before the Mass. Hom. Med. Society. It is an able presentation of the best that is known on the subject to the present time.

According to Hoyne's materia medica cards Eupatorium has "Desire for ice-cream," and Phosphorus "Aversion to puddings." There is a student down at Hahnemann who says he is going to administer both remedies to his landlady.

We maintain that strict medical ethics require every physician to declare openly his mode of practice, whether homœopathic, allopathic or eclectic. On the other hand the *Times* maintains the physician is not bound to tell his patients what mode he employs; in other words, that the treatment to which the patient is to be subjected is none of the patient's business.—*Hahn. Monthly.*

Medical Students *can have the* Era *for $1 per year.*

BOOK REVIEWS.

A Treatise on Diphtheria, Historically and Practically Considered. Including Croup, Tracheotomy and Intubation. By A. Sanné. Translated, Annotated and the Surgical Anatomy added, by Henry Z. Gill, A.M., M. D., LL. D. St. Louis: J. H. Chambers & Co. 1887.

Dr. Gill's excellent translation of Sanné's classical work gives to the American physician a treatise on diphtheria for which there has been a wide demand. This handsome volume of more than six hundred pages is most exhaustive, and may be said to comprise the sum of our knowledge on the subject of diphtheria at the present time. Every department of the subject is dealt with in a most thorough manner — the lesions, symptoms, localization, course, duration, termination, diagnosis, etiology, epidemics, nature, prognosis, etc., all coming in for a large share of attention.

In the matter of treatment, the author occupies a position which is decidedly "rational." Of the old mercurial treatment, he says: "It is far from being innocent; it is founded upon an erroneous theory." Of the alkaline treatment, indulged in by his own school, he says: "It has but a doubtful efficacy." After reviewing all the ordinary methods of treatment, he says: "The specific for diphtheria is yet to be found."

"When septicæmia prevails, that must be attacked. The means are no longer wanting. best of all is alcohol." In this, all homœopathists can agree with the learned author.

Of all the remedies discussed, Bromine and Iodine are the ones which meet with greatest favor, thus indicating that two of the principal remedies upon which homœpathists rely, have also been successfully used by the old school.

J. H. Chambers & Co. have done the profession a real service in issuing this valuable work. Moreover, as publishers, they have done well their part, for paper, press-work and binding will compare very favorably with standard eastern publications.

A Cyclopædia of Drug Pathogenesy. Edited by Richard Hughes, M. D., and J. P. Dake, M. D. Part VI. Chromium — Conium. London and New York; 1887.

There is little to add to what has already been said regarding the value of this great work. Part VI. shows the same painstaking labor that has characterized the parts that have preceded. The extent of the completed work is indicated by the fact that Part VI. does not carry it through the third letter of the alphabet.

Dynamization or Dematerialization. By J. P. Sutherland, M. D. A Paper presented to the Massachusetts Homœopathic Medical Society.

This paper, by the accomplished editor of the *New England Medical Gazette* (from which it is a reprint), richly repays perusal. It is an inquiry into the question of the position which Hahnemann occupied, as revealed by his writings on the subject expressed in the title. We will at present say no more regarding the nature of its contents, further than to emphasize the fact of which this paper is additional evidence, — that it is not necessary for us, as homœopathists, to sit at the feet of our friends, the enemy, in order to learn that Hahnemann, amidst all his teaching, taught some things which will not bear the scrutiny of modern science.

We earnestly advise every physician who reads these lines to procure a copy of the paper, and read it.

The Modern Treatment of Diseases of the Heart. By Prof. Dujardin-Beaumetz, M. D. Translated from the fourth French edition by E. P. Hurd, M. D. Detroit: Geo. S. Davis. 1887.

There is one thing about this book for which the publisher can never be forgiven, and that is, the color of the ink in which it is printed. To print a medical work in a pale, reddish-brown ink, is not only in very bad taste, but it sets a premium on sore eyes, a penalty which many readers would be called upon to pay. This error should not be repeated.

The lectures are in the author's usual clear and vigorous style, and convey a great amount of information in small compass.

A Practical Treatise on Impotence, Sterility, and Allied Disorders of the Male Sexual Organs. By Samuel W. Gross, M. D., LL. D. Third Edition. Philadelphia: Lea Brothers & Co. 1887.

Dr. Gross goes very thoroughly into the treatment of impotence and "allied dis-

orders," making this one of the most practical works on the subject in our literature. The subjects dealt with are Impotence, in its various forms, Sterility, Spermatorrhœa and Prostatorrhœa. There are sixteen illustrations.

Dr. Gross holds that "inflammation of the prostatic urethra bears the same relation to the spinal reflexes of the male that inflammation of the uterus bears to allied disorders in the female." To this portion of the male urethra he directs treatment, for, as he claims, it becomes the seat of inflammation, and, even, of stricture. Outside of the medicinal, the methods of treatment are rational, and will be of great aid to the physician in dealing with this class of disorders.

Scribner's Magazine for October has for its leading article a richly illustrated description of "The Paris School of Fine Arts," by Henry O. Avery, who is a graduate of that institution, and therefore writes from abundant knowledge and with true appreciation.

The frontispiece of the October Century is a striking portrait of Harriet Beecher Stowe, engraved by T. Johnson from a photograph by Sarony. This portrait is apropos of a paper by James Lane Allen, entitled "Mrs. Stowe's 'Uncle Tom' at Home in Kentucky," which recounts the life of the Kentucky slave of the old time, in a series of typical scenes.

Buck.—What's the matter with you tonight, Charlie? you look awfully glum.

Charlie.—Matter enough! I went to my doctor yesterday, and he told me if I'd stop smoking it would lengthen my days.

Buck.—Well, did you stop?

Charlie.—Yes; and the doctor was right — this has been the longest day I ever lived.

"Reuben," said Mrs. Stubbs, laying down the evening paper, "what is meant by optimism?" "Optimism?" "Yes. The paper says that optimism is not a characteristic of the modern age." "Optimism, Hannah, is a disease of the eye; an' you'll git it the fust thing you know, if you keep on a-readin' that fine print."—*P. and S. Investigator.*

High-school Girl.—O, ma, our teacher has an amenuensis!"

Mother.—You don't say so! Is he docterin' for it?"

Homœopathic League Tract, No. 14, is entitled "The Royal College of Physicians of London and Homœopathy."

We call the attention of our readers to the advertisement of Messrs. R. A. Robinson & Co., Louisville, Ky., which will be found on another page of this issue. This firm was established forty-five years ago, and enjoys a widespread reputation as a sound, honest, reliable business house. We do not hesitate to endorse their preparations as being all they claim for them.

Bromide of Sodium and Caffeine Hydrobromate. — These two medicinal agents have been combined by Warner under the name of Bromo soda, in the form of an effervescing salt. This is a great improvement over the salt which contained Bromide of potassa. All the Potash salts are highly objectionable if taken for any length of time. Potash destroys the integrity of muscular tissue, causing weakness and paralysis of its fibre. For this reason, the Iodide of soda has superseded the Potash salt, and Bromide of soda is now used altogether, instead of the Potash salt, in the treatment of mental and nervous disorders. I have met with many cases of cardiac disorder simulating dilatation and mitral disease, which I found to have been caused by the long continued use of Iodide and Bromide.

On substituting the Soda salts the heart soon recovered its normal condition. The union of these two medicines appears, at first glance, singular.

Bromide of sodium causes contraction of the arterioles in the brain. Caffeine increases the arterial tension in the same vessels by increasing the tonicity of the heart. The former lessens reflex irritation — the latter heightens reflex sensibility.

Yet this combination (Bromo soda) has been found very useful in hemicrania, sick headache, sleeplessness and other morbid states of the nervous system, notably the headache and nervous excitement occasioned by overwork. I have found it very valuable in the cardiac irritability of hysterical or hypersensitive patients. Doubtless in some manner not readily explainable, one drug modifies the action of the other. For the unpleasant results of excessive brain work, or anxiety and worry of mind, Bromo soda acts better than either salt alone. A single dose is generally sufficient.

E. M. Hale, M. D.
65 Twenty-second St.,
Chicago, Ill.

(Editorial in St. Louis Medical and Surgical Journal, September, 1887.)

Proprietary Medicines.

"Should the physician use in his daily practice a 'proprietary' medicine? Can he, as a reputable practitioner, recommend these preparations in his correspondence with medical journals, without lowering the dignity of his profession or making himself amenable to discipline for a violation of time honored principles of medical ethics?"

These questions have been put to this *Journal*, and perhaps to others, with the request that they be answered editorially; and while, as put, they are very broad, admitting of much latitude in replying, we think we but voice the general opinion of those who have given the subject any thought, in answering both of them, in a general way, in the affirmative.

The gist of the whole matter depends upon what is meant by the term "proprietary medicine." In its limited and best sense we understand by the term a remedy of which the ingredients and their proportions are made known to the profession, and the trade or proprietary name of which is alone protected by law. When such preparations are made exclusively for the use of the medical profession, and are advertised exclusively in medical journals, we cannot see any possible lowering of professional dignity or deviation from "time honored principles of medical ethics" on the part of the physician who uses them in his daily practice or who recommends them in his communications to medical journals.

The name, in this class of proprietary medicines, is to be regarded simply as the guinea's stamp — a guarantee of the purity and genuineness of the product, and the registration of it — patenting it, if you please, is as much for the protection of the physicians who use it as for the parties who manufacture the remedy. It in no sense makes the drug a "patent medicine" any more than does the writing of "Fairchild" before pepsin, "Merck" before or after an alkaloid, or "Schering" or "Squibb" before chloroform, transfer these chemicals into that category. These men — Merck, Schering, Fairchild, Squibb, and a few others, have devoted their lives and spent enormous sums of money in making their products the purest and best that can be attained by human honesty and human ingenuity; and as a reward their names attached in *copyrighted labels* to their chemicals stand as a perpetual guarantee to the physician and patient against the fraud and greed of less honest manufacturers, and it would be a great injustice to them as well as to the profession and public to deprive them of this guarantee.

The question may be, and frequently *is* asked by the purists, usually by the very old or by very young members of the medical or pharmaceutical profession, aspiring to be considered very scientific, "why should a physician resort to these ready-made prescriptions at all? Why does he not draw upon his own knowledge of applied therapeutics and write out his own formulæ in every case? Why does he prescribe this one's sugar-coated pills or that one's gelatin covered granules?"

Why, indeed? Simply because he knows that these articles, being made in vast quantities, by improved apparatus and appliances manipulated by highly trained and educated employes, and directed by skilled chemists, can be made better, more accurately and far cheaper than they could be compounded by the most skillful prescriptionist. He does it for the same reason that he buys a watch ready made from the jeweler, or a buggy ready made from the carriage maker.

The most serious charge that is brought against the makers of some of the best known, most valuable and most frequently used proprietary medicines, is that the formulæ given by the manufacturers are not the true ones, or, as Dr. Craighill, of Lynchburg, Va., in a paper read before the Virginia Pharmaceutical Association, at its last May meeting (published in the *Virginia Medical Monthly* for June, 1887), puts it, "a patented proprietary remedy which professes to publish its formulary *but does not.*" If this charge were true it would indeed be a grave one and a just cause for the banishment of such medicines from the list of those which the physician may use "without lowering the standard of professional dignity," etc.

But when we examine into the matter, we find the sole ground for the charge to be that when the ingredients as named are put together by the physician himself, or by the prescriptionist, off-hand, though it may be *secundum artem*, the result frequently differs very widely from the preparation which it is intended to imitate. This fact would go far to prove the charge did we not remember that in all chemical processes *manipulation* has a great deal to do with results, and that the *element of time* has a value that nothing else can supply. A mixture in which no amount of shaking will produce combination or solution off-hand, or no amount of filtration will clarify will frequently become perfectly limpid when given the requisite length of time. We are informed by Mr. Lambert that Listerine requires eleven days in its preparation, and Messrs. Battle & Co. tell us that Bromidia, for instance, requires six days for the thorough combination of its ingredients. We have no doubt that many other such remedies require even more time for their perfection, and no amount of skill on the part of the pharmacist can possibly make up for this element in their preparation. These facts are fully recognized in France and Germany, and we find the highest class of the medical journals of these countries full of advertisements and notices of preparations exactly analogous to our proprietary remedies.

I have had occasion to prescribe Tongaline in several cases of rheumatic-neuralgic affections of long standing, which had seemingly resisted other remedies, and in some of them the *Tongaline has produced most excellent results.*—*T. G. Comstock, M. D., St. Louis.*

THEY SAY

THAT a corset is only a waist-basket.

THAT a peacock is a great tail-bearer.

THAT all the quarreling is not done in our school.

THAT india-rubber gum-drops are again in the market.

THAT written rules cannot be made a substitute for brains.

THAT nitrite of amyl will antidote cocaine poisoning.

THAT in the old school, therapy still lags behind pathology.

THAT an insane-asylum should not be a "castle of indolence."

THAT gonorrhœa persists for years, in spite of apparent cure.

THAT sunstroke is responsible for some occipital headaches.

THAT man reaps what he sows, but woman sews what he rips.

THAT medical students can have the ERA for one dollar per year,

THAT there were more than 5,000 in attendance upon the Congress.

THAT all substances in solution are easily absorbed by the rectum.

THAT egg stains can be removed by rubbing with common table salt.

THAT the coloring matter in the green stools of children is *biliverdine*.

THAT the wives of men who have had gonorrhœa are apt to be sterile.

THAT there is no hay-fever with a healthy nasal mucous membrane.

THAT most cases of heat-stroke occur among those of intemperate habits.

THAT a man in New York has named his mare "Mugwump;" she interferes.

THAT some of the best blood in the land runs through the veins of a mosquito.

THAT a doctor in Ohio says his wife has a bad scold and he can't cure her of it.

THAT the most prevalent disease among soldiers in India is typhoid fever.

THAT forceps have merit in proportion to the skill of the individual operator.

THAT Dr. De Wolf has advised the tugs in the Chicago river to stop smoking.

THAT hairy monstrosities usually have abnormal development of the teeth.

THAT fifteen grains of boracic acid to the ounce of water make a saturated solution.

THAT forceps should be considered as a continuation of the hands of the physician.

THAT water may be black with organic matter, and clear on standing, and yet be pure.

THAT sandpaper will whiten ivory knife handles that have become yellow by age.

THAT a mosquito — in proportion to its size — draws better than the average cigarette.

THAT the best drink for soldiers while on the march is cold tea flavored with lemon juice.

THAT it's a fortunate thing salvation is free; if it cost much there would be mighty few saved.

THAT there are getting to be too many specialists, and not enough practicing physicians.

THAT the causes of naso-pharyngeal catarrh are the proximate causes of middle-ear disease.

THAT it was the largest assemblage of physicians ever known in the history of the world.

THAT water containing the salts of lime has an undoubted influence in the causation of goitre.

THAT there are 160 women physicians in New York, and some of them have incomes of $10,000.

THAT the hyposulphite of soda will in a short time destroy the micro-organism of tinea versicolor.

THAT a person who has once been sun-struck is liable to neuralgias and excruciating headaches.

THAT the enormous sum of $47,000,000 was expended for medical supplies during our civil war.

THAT any operation for cancer that does not completely remove the disease, will be followed by recurrence.

THAT people who have once suffered from sunstroke are thereafter liable to pyrexia on the slightest cause.

THAT typhoid fever is a disease without a geography — it extends from the Rocky Mountains to the Himalayas.

THAT a cancer-doctor says he doesn't know what a cancer is, but he can cure it; the regular physician says he knows what it is, but he can't cure it.

THAT nothing is more aggravating than to have someone ask: "Have you got a cough?" just after seeing you go through with a hard coughing-spell.

THAT quite a large number of the members of the Section on Laryngology and Rhinology, of the recent Congress, were themselves victims of hay-fever.

THAT after decapitation by the guillotine, six seconds after the head is severed from the body, by touching an eye or the tips of the lashes the eye will close, just as in life.

THAT it is far better for a young child to have a puppy than a kitten to play with, for a boy and a kitten will grow up into a molly-coddle and a cat, while a boy and a puppy will grow up into a man and a dog.

THAT the English Commission said: It may be deemed certain that M. Pasteur has discovered a method of protection against rabies comparable with that which vaccination affords against infection from small-pox.

THE MEDICAL ERA.

CHICAGO, NOVEMBER, 1887.

JAMES E. GROSS, M.D. } *Editors.*
CH. GATCHELL, M.D. }

"THE SOCIAL SUBSTRATUM."

The policy of this journal is to give the preference to short articles, when they can be obtained; but we feel sure that no apology is necessary in departing from our custom in giving to our readers this month Dr. O. S. Runnels' admirable address. The subject is one of vital importance, and Dr. Runnels' presentation of it is most able, scholarly and convincing. No words which we can employ can add to the force of the writer's language — it is an eloquent appeal, and must result, as was intended, in inspiring others to give increased attention to a much-neglected subject.

AN "EXCEPTION."

It is well known to the profession that both the homœopathic and the old school of medicine are represented in Cook County Hospital. While there may be a commendable spirit of rivalry between the two — a spirit which prompts each to try to do the best for the patients under its care — yet their personal relations have, as a rule, been satisfactory. A few exceptions to this have belonged to individuals, and not to either school as a body.

This spirit of animosity, which we have spoken of as being exceptional, and belonging solely to the individual, at rare intervals has cropped out in the person of some one of the young men who act as *internes*, or resident physicians. Not long since one of these "exceptions" — without warrant, and as it is believed, in pure wantonness — took it upon himself to destroy the brain of a subject belonging to the homœopathic service, which the attending physician had intended using for demonstration before the class in his next clinic. The act was done in the quiet of the morgue, on a Sunday afternoon, with a full knowledge of its unwarranted character, and in violation of the express orders of the Warden. It was as pure a piece of "cussedness" as was ever perpetrated. The young man not only did this, but, when remonstrated with by one of the homœopathic *internes*, he replied, at the dinner table, in language unbecoming a gentleman.

As soon as the facts became known to the attending physician — to whom the destruction of the brain was a great disappointment — he made prompt complaint to the Warden, who was justly indignant at the violation of his orders, and gave assurance that the act should never be repeated.

The young man who committed this breach of propriety and decency, as soon as he was called upon in private by one of the homœopathic *internes*, very quickly apologized, and would have made his apology more ample had it been demanded. He also offered a brain which he had preserved in pickle, as a substitute for the one which he had destroyed, an offer of which, as a matter of course, the attending physician did not see fit to take advantage.

To the credit of the other *internes* it must be said that, to a man, they condemned the action of their associate, and gave abundant evidence that they are gentlemen who have

no sympathy for those who do not conduct themselves in such a manner as to be worthy of the same appellation.

It is not at all likely that there will be a repetition of the act complained of, or any of like character. The Warden has said that there shall not; the attending physician has recourse in the Board of County Commissioners, and, above all, the staff of *internes* on the homœopathic side, as at present constituted, is composed of young men who are not calculated to put up with any nonsense.

NO CHANGE IN THE ORDER OF NATURE.

To expect that all men should think alike upon political, more than on religious or other subjects, would be to look for a change in the order of nature. — *Geo. Washington.*

We did not expect the *American Homœopathist* to agree with us anent Pasteur, but we did look for something new and convincing in its ably edited pages. What we find fulfils neither one of these conditions. It consists for the most part of two quotations, both of which we had already seen in the original. We did not find them convincing then, and they appear no more so on second reading.

It goes without saying that were this commission to be called upon *to-day* for an opinion upon homœopathy, it would give a unanimous vote for its condemnation. — *American Homœopathist.*

Why, certainly it would do so — *to-day!* But if it were appointed by the Government to investigate homœopathy, and report next July, it might, and yet again it might not, "give a unanimous vote for its condemnation." Dr. T. Lauder Brunton, even without a government appointment, has investigated and reported, and his vote is not "unanimous," by any means.

Professors Renzi and Amoroso, Dr. Riggs, Professors Spitzka, Gaultier, Billroth, and Von Frisch, Drs. Peters, Pigeon and Dulles, and others, who, *after full investigation*, have as thoroughly condemned the anti-inoculation theory as the British Commission have endorsed it. — *American Homœopathist.*

Prof. Billroth never investigated it at all; he got his information second-hand from Von Frisch. Dr. Spitzka never investigated it. How could he do so, three thousand miles from Paris? Some of the others named have also made their alleged investigations many leagues from Pasteur's laboratory. Dr. Peters, who has enjoyed greater opportunities for investigation than any of the others named, is on record as having said: — "If what M. Pasteur says is true, he has undoubtedly saved the lives of 40 people who without his treatment would have died."

Dr. Dolan, whom the *Homœopathist* quotes at such length, in a recent criticism which appeared in an American journal, as his opening argument urged that the members of the British Commission were prejudiced in Pasteur's favor, and reported accordingly, because they were dazzled by the glamour of his great name!

How does it happen that seven of England's most eminent medical men could be so blinded by the glamour of a name when Dr. Dolan escapes with his eyesight unimpaired?

The explanation [of the immunity of Pasteur's patients from ill effects following his treatment] is that he has simply been injecting an inocuous fluid, a sterilized bouillon. To my mind this is clear enough. — *Dr. Dolan, p. 335 of Am. Homœopathist.*

It is clear that the inoculations do no good, but it is not equally clear that they have not themselves caused hydrophobia. — *Dr. Dolan, p. 338 of Am. Homœopathist.*

These are not the only contradictory statements in Dr. Dolan's writings that need to be reconciled.

We err very much in our opinion of [The Medical Era] if it did not prefer the conclusion at which it has arrived from its own study of [homœopathy] to the opinion of any commission. — *American Homœopathist.*

Quite right! We have made a practical study of homœopathy right here in Chicago, and, as a consequence, we have formed a very favorable opinion of it. But, having been several thousand miles from Paris throughout the period of Pasteur's experiments, like the *American Homœopathist*, we are compelled to form an opinion on the testimony of others. We have given the preference to the testimony of Dr. Norman Kerr, Dr. Hime, and Mr. Victor Horsley, because they have made *extended investigations on the spot*. The *American Homœopathist*, if we are permitted to judge by the editorial offered for our consideration, has given the preference to the testimony of Dr. Dolan and the editor of the *Homœopathic World*, neither of whom have done so.

There has been no change in the order of nature.

SITTING in the office of a woman physician the other day I noticed a collection of buttons that lay on a tray on her writing-desk. "Snapped off women's gowns," she said, in answer to my look of inquiry. "A good proportion of my patients can't put on their bonnets when they rise to go without unfastening their dress to enable them to lift their hands to their head. In the unbuttoning or buttoning up process one will fly off and hide itself in the corner. I keep a bunch of flowers," and she pointed to a vase of goldenrod, "for any unlucky one to cover deficiencies with when we can't find the truant button."—*Ex.*

A MASSEUSE who has seen considerable service in wealthy families told me one day that in years she had administered massage to only one woman whose ribs were not displaced by corset wearing. In a certain studio in the city the place of honor is occupied by a series of studies in marble of a beautiful foot. It is taken in every position that a foot could be supposed to occupy — in repose, as it would appear walking, running, balanced on the toes. Once the sculptor saw a human foot, a woman's foot, that was fit to take a cast from. He never expected to get another model of any use to him, and he perpetuated that in a variety of attitudes.—*Ex.*

THE SOCIAL SUBSTRATUM.

BY O. S. RUNNELS, M. D.,

INDIANAPOLIS, IND.

[An Address delivered before the class of the Chicago Homœopathic Medical College, Sept. 24, 1887.]

We trust that the time now approaches when man's condition shall be progressively improved by the force of reason and truth; when the brute part of his nature shall be crushed, that the godlike spirit may unfold.—GUIZOT.

Is there anything better in a state than that both men and women be rendered the very best? There is not.—PLATO.

HUMAN society is an association for mutual usefulness, profit and pleasure. Organically, it is a partnership, inasmuch as each member has a right to a voice in its affairs, and exerts the power of binding his fellows to the good or ill consequences of his acts.

Unlike every other union, however, society is peculiar in this, that membership in it is not a matter of choice. One cannot say, "I will join it or resign from it as I prefer," for by the very act of birth he is of it, is welded to it. Accordingly every individual has a proprietary interest in it; has a share in its assets and liabilities; and must be a participant not only in its dividends but in its assessments. Being by the gift of life fully endowed citizens, and accountable units of the state, all human beings have primary concern in the questions pertaining to social welfare, — such as capital, labor, poverty, equality, justice and rights of whatever kind. But while this is fully acknowledged by a few only, it occasionally becomes painfully apparent to all, in those vehement and cyclonic revolutions — the gigantic upheavals of city or nation — which are so regardless of the value of life and property, and which tell of the subterranean forces of society that must be regarded.

It is not my purpose, however, to here take up any one of the great questions enumerated, but to cite you to the discussion of a theme that in a varying degree pertains to and underlies them all; that reaches to the very roots of society; and that lies contiguous to the heart of existence itself. That theme is —

The genesis and sexual relationship of human beings.

I desire to take up some phases of this subject distinctively personal, which are usually disregarded or passed in silence, but which, according to scientific data no longer disputed, have such important social bearings as to require the freest handling and the most radical and thorough inculcation of principles. It is now settled that the happiness of the world is the result of the happiness of its individuals; that all misery and suffering are primarily individual matters; and that no family or nation can become prosperous and happy until its members shall have gained that equilibrium of temperament and circumstance necessary to enjoyable existence. The individual, therefore, is the key to the social problem — or rather, is the problem itself; and whatever is done toward bettering social conditions must have specific reference to the person.

For this reason the greatest statesmen are those who, by their wise measures, transform irresponsible and wretched subjects into beings helpful and buoyant; thus elevating the average existence, and causing its currents to flow into broader and better controlled channels.

To ameliorate, mitigate and elevate existing conditions so that social cripples, of whatever sort already made, may have the best opportunities for life and its privileges; and to anticipate life's wreckages, and so build the bridges over which human beings are to pass as to insure against catastrophe — this is, and must be, the substance of all effort at social betterment. In such an accomplishment the remedies are two-fold: — First, to make men better; and second, to make better men.

As in every range of therapeutics, so here, the treatment must be not only palliative but curative; bring removal of causes as well as relief from consequences. With the palliation of the evils of society this paper must have little to do. I can only say, in passing, that social scientists have long ceased to be content with relief measures merely, for the reason that such expedients invariably promote the necessity of their own continuance.

The demand is radical, and stops with nothing short of the reformation of the individual; and this notwithstanding the fact that the reformation of the individual is one of the most difficult of all attainments. The great number of incorrigible cases on every hand only intensifies the necessity of rebuilding the structure; and what is better, building anew. The difficulties of this accomplishment are chargeable in part to defective social culture at present in vogue, and in part to influences antedating the present — to the inheritance as well as the environment.

This has been painfully realized by all who have endeavored to correct organic troubles, either physical or moral, such as consumption or scrofula, intemperance or prostitution.

In all individuals there are more than the vicious influences of the present generation to deal with. There are the effects of the mistakes, the vicious indulgences and the disease tendencies of deceased or living progenitors; and these may be from one to four or more generations behind the inception of the obliquity.

Any comprehensive review of the elements that enter into human beings to make them what they are must, therefore, embrace prenatal as well as post-natal acquirements.

"In our birth," says Dr. Bushnell, "we have whole rivers of predispositions, good or bad, set running in us, as much more powerful to shape our future than all tuitional and regulative influences that come after, as they are earlier in their beginning, deeper in their insertion, and more constant in their operation."

"I wish my father," said Tristram Shandy, "or my mother, or indeed both of them, as they were in duty both equally bound to it — had minded what they were about when they begat me; had they duly considered how much depended upon what they were then doing — that not only the production of a rational being was concerned in it, but that possibly the happy formation and temperament of his body, perhaps his genius, and the very cast of his mind; and, for aught they knew to the contrary, even the fortunes of his whole house, might take their turn from the humors and dispositions which were then uppermost — had they duly weighed and considered all this and proceeded accordingly — I am verily persuaded I should have made a different figure in the world from that in which the reader is likely to see me. 'But alas!' said my father, 'my Tristram's misfortunes began nine months before ever he came into the world.'" These be great concerns to all! And the wonder is that people should be so obtuse about them, and treat them

with so little intelligence!

Nothing can be more certain than the laws of inheritance; yet nothing in all the range of human affairs is attended to in more ignorance and disregard of principles than the reproduction of our kind. The fact is that in these matters principles are but rarely thought of.

I am not voicing a professional secret when I state the fact that fully seventy-five per cent. of all the children born into the world are "accidents"; and are not only not intended, but are for the most part unwelcome visitors! Pilgrims and strangers are they, sure enough! Having scaled the barriers to existence, and run the gauntlet of a murderous parental intent, they have at last reached the footstool, and announced their innocent right to live! But "conceived in sin and shaped in iniquity," as they have been, what a dismal abortion their life must be compared with that which their birthright called for!

One is not inclined to regard his ancestors with the highest expression of love and honor if it appears that the "sin that so easily besets" him, and that may be working his present and future damnation, is a transmitted endowment, a passion, or a disease-tendency in his parents, crystallized by inheritance into a stubborn fact and an awful reality.

It is not necessary that I go into detail as to the verity of the laws of heredity. The day is long past since data of proof were required on this point. Everywhere to-day we see these truths put to commercial advantage in the cultivation of animals. Horses, cattle, hogs, sheep, dogs, cats and fowls have been studiously regarded, and by discriminating foresight and culture brought up to a high and still progressive grade of excellence. In this we have proof sufficient of what can be accomplished toward educating desirable qualities into family and race characteristics, to the exclusion of that which is undesirable and deteriorating.

Is there a physical defect, a disease aptitude, or an infirmity of disposition? It shall be supplanted, in the next generation or two, by beauty of form, freedom from hereditary diseases, and amiability of character. Do you demand any special quality in the use or adaptation of the animal? It shall be drawn out, or produced at will.

Turning now to man, we find him parallel with the animals so far up as they ascend. Physiologically and psychologically, the laws are identical so far as we can discern. And other sources furnish the proof that those specific endowments of man, the intellectual and moral natures, are harmonious with the same principles.

Galton, in his "Hereditary Genius," has proven conclusively that "blood will tell" in the generation of statesmen, commanders, literary men, poets and musicians; and the Scripture law that "The sins of the fathers shall be visited upon the children, even unto the third and fourth generations," cannot be controverted. Every intelligent observation, every fragment of science, substantiates the truth of the principles of heritage; that they are potential in the moral and intellectual natures as well as the physical; and that they pertain to and include the elements of badness as well as goodness — the vices and deformities, as well as the virtues and graces.

"Like produces like;" the progeny inherit the qualities, or the mingled qualities, of the parents. Every feature, faculty, virtue or defect reappears, or may reappear in the children. They will be represented in the life-stream according to their relative strength in the progenitor; and may hold sway — if not added to by successors — till the third or fourth generations, and sometimes even later. Thus in every child is focussed — or may be focussed — the influences for good or bad, of from one to thirty ancestors! The fact, however, that children do not always portray the worst of their possessions, does not lessen the force of the agency and responsibility of parents. The germs of mischief may lie dormant in one or several of the progeny, only to come into activity in some later individual or family, with such a tornado of expression as to prove utterly destructive. In the language of Papillon: — "One must see the premature infirmity, the long-continued suffering, the irreparable catastrophe, and the slow, cruel agonies to which parents oftentimes condemn their children, in order to form a judgment of the power possessed by these transmissible demons which lurk in the depths of their beings." And Shakespeare says:

"What's yet in this that bears the name of life?
Yet in this life lie hid more thousand deaths."

Reproduction then, is a camera that is ever true, a reflector that is ever faithful. Be assured that if the taint of physical weakness, mental unsoundness, or moral obliquity exists in the system of either parent, it will be infused into the progeny and will crop out somewhere.

"A corrupt tree cannot bring forth good fruit." And "Woe be it to him that offends against one of these little ones. It were better for him that a millstone were hanged about his neck, and he were cast into the depths of the sea," than that he should place stumbling-blocks in the way of any forthcoming human life; or pre-mortgage an existence to the forces of death by transmitting to it and inflicting upon it the ills and weaknesses, the vices and meannesses, which mar and deform his own life!

In the light of the foregoing, there certainly can be no higher work in this world than the right generation of children; for if this be faithfully accomplished, and as the young life blossoms into maturity, is supplemented by the same wise foresight and tender solicitude, "regeneration" will be a matter of far less difficulty — it will have been in a great measure already achieved.

"To the well-born child," remarks Emerson, "all the virtues are natural, and not painfully acquired." Having been "wisely desired, intelligently prepared for, begotten in sweet mutual love, properly cultured in embryo, and at length joyfully welcomed to loving arms, he is an object of interest and delight to all humanity." He has a fair start in the race of life, and is a specimen of possibilities the most favorable for all that is educative and tuitional. Indeed, the training from which "when he is old he will not depart," is already more than half completed. It only remains to study his nature still further, and to provide it with aliment in all its departments — cultivating in him self-knowledge and self-control, particularly on the side of his appetites and passions — to round him out into the fullest perfection of human culture.

By such a genesis, completed by such a discriminating control of the post-natal acquirements, is the highest possible type of human excellence produced. Into such a soul flows naturally the higher aspirations, the truth-loving devotions and the belief in and fealty to God, so necessary to the best enjoyments of this life. This is what coworking with God means. We thus have a conjoint product, a dual creation — the child at once of God and man.

I have been thus elaborate in the statement of these principles in order to show not only the feasibility of such an attainment, but the ultimate fact that upon this rock alone shall the stable foundations of society be planted. With such an idea of social endeavor before us, we may take up the practical questions that are suggested by it — the sexual abuses and frauds as we find them to-day — and not only determine their elements but outline their management.

Sex is the great foundation fact of the social order. From the sexual relation emanates both the best and the worst of human experiences. Through the wise execution of sexual laws is reached, as before shown, the happy ideal of human attainment; and through the transgression and perversion of the same laws result the deeper-seated causes of evil and the direst sufferings of this life.

"In appreciating the happiness and virtue of a community, there is, perhaps, no single criterion," says Dr. Currie, "on which so much dependence may be placed as the state of the intercourse between the sexes. Where this displays ardor of attachment, accompanied by purity of conduct, the character and influence of woman rises; our imperfect nature mounts in the scale of moral excellence, and from the source of this single affection a stream of felicity descends which branches into a thousand rivulets that enrich and adorn the field of life. Where the attachment between the sexes sinks into an appetite, the heritage of our species is comparatively poor, and man approaches to the condition of the brutes that perish."

The influences for good or bad dependent upon the noble or base uses of the sexual functions are practically immeasurable. This being true, a knowledge of these functions should be early and accurately inculcated. It would seem that an enlightened society would demand that a subject so underlying its welfare and existence should be drilled into the mind and heart of every youth; and that it would tolerate no remission of effort in this direction until every individual had made a mastery of it. But how different from this requirement is the public sentiment among us!

Unfortunately for us all, the sexual question, so far as society is concerned, is not under discussion. Every conceivable topic is before it in the estimation of the public. Comparatively unimportant branches can have place in courses of school instruction in preference to this. A whole community will rise in arms, as did that of Indianapolis recently, if the record of a few battles and the causes that led thereto — the rebellion history — be eliminated from the course of study, but no cry is raised because the record of the causes of a million other battles and devastation without end is hushed and left in mystery! The whole subject is shunned as if it were a pestilence. Fathers and mothers are mute about it, and the sons and daughters are presumably ignorant. Doctors, preachers and teachers are muffled, and adults of all grades plunge into stupid and wicked error. If, however, one should break through the mock-modest sentimentality of the day, and sound a clear, honest note on the subject, he must virtually hold his life in his hand while he does it. Instead of a healthful and radical training, all acquisition of knowledge in this department is left to clandestine chance and misguidance; the undertow of society is set in the opposite direction, and the association of influence, so far as it goes, is for the bad — or at best is only negative.

This is not a random and unsupported assertion. One has but to look about him somewhat critically to discern that sexual mildew is well-nigh universal. Commencing with the youth, we discover an abuse early in its inception, most general in its practice, and immeasurable in its results. Acquired clandestinely from the vicious, and holding as with hooks of steel, masturbation is the besetting trial of youth, and is attended with the most deplorable consequences. Capable of the most facile induction this passion is a switch that, when once set in the wrong, will carry happiness into misery, and the best of human endeavor into physical catastrophe. Established at that early period of maturing manhood and womanhood, this innocent function if set aflame controls the imagination, and sleeping or waking the thought is upon the one thing. In these trying years of inexperienced life we see little effort put forth to guard and guide. Practically, no wise and friendly hand is extended to save; no forethought and counsel by parent, teacher or guardian is employed to prevent; and midnight darkness reigns as to the meaning and legitimate purposes of these physical developments that do so surely announce themselves. Having been lied to as to the origin of the baby, and thereafter deserted regarding this kind of information, the boy and girl are driven to vicious companions and unchaste literature to find out what it all signifies — for find it out they will, when this common and irrepressible effervescence of their nature is going on.

Stimulated by the disingenuousness of their superiors, they make rapid acquisitions of defective knowledge through their observations of the habits of animals, and otherwise, and are forced by their faulty conclusions into abounding perils. They thus are trained to live in the atmosphere of sex, where all the untutored impulses of their beings center. Society further lends a hand and feeds them upon the debasing details of all sorts of sexual waywardness. Rapes, adulteries, seductions and brothel doings are paraded under flaming headlines on the first page of the family newspaper, and allowed to fall into the hands of the presumably innocent and pure.

Libraries, news-stands, and both the secular and religious press all pander to a vitiated curiosity. Prurient novels, pictorial illustrations, and the iniquitous quack advertisements in our periodical literature headed, "To the Unmarried," "Marriage Guide," "Manhood," etc., all go to swell the volume of depravity. Beyond the comprehension, this line of reading misleads the mind, inflames the imagination, corrupts the heart, and degrades the character. Courts of justice engaged in the trial of these things carry on the education by donating all their standing room to carnal-minded spectators, or those fast becoming such, and permitting the vile records of their doings to be spread in black and white, for the vitiation of a multitude outside.

(An indicator of right action in these matters is found in the fact that the law of England forbids this promiscuous and unfettered attendance upon court proceedings during divorce, breach of promise, adultery, and other suits of the kind.)

Schools and colleges also contribute to the morbid imaginings. The impurities and indecencies of the heathen deities and histor-

ical characters which the youth in the classics are led to contemplate so laboriously have anything but an ennobling effect. The implied doctrine is, that lust in those days went on unchecked and without evil result. As a consequence, many persons have found the work of rooting out of their minds the evil influences of the ancient examples, so vividly impressed by the hard wrestle of classical acquisition, a far greater task than the original mastery of the language itself.

The pertinent question suggested to all educators is, Why is it of such paramount value to dwell in the mental atmosphere of ancient men, so notoriously loose in their moralities; and why should students be required to read those things in an obsolete tongue which would be indecent and reprehensible in their own?

Witness further, that many men of social standing carry with them for retail on all possible occasions a stock of smutty stories and allusions that should blister their tongue, in the utterance, and are good for nothing but the provocation of shameful laughter;

That many reputable women in their social converse frequently dwell upon themes below the plane of the purity they are supposed to maintain;

That sexual fraud — solitary, as in every phase of self-pollution; and associated as in all the multifarious practices to prevent conception — holds well-nigh universal sway;

That unchastity is an unpardonable breach of virtue, and cause of banishment in the case of women, but is readily condoned, and does not serve as a social bar in the case of men;

That abortion — the crime of child-killing, inaugurated by Roman matrons to destroy the evidences of unfaithfulness — goes on unchecked, the woman being again socially received without spot or blemish, while her accomplice and co-murderer, the professional fiend — is alone loaded with the epithets and prison punishments so richly deserved by both;

That while it is popular to inveigh against polygamy because its wives are simultaneous, we duplicate the Mormon practices in our system of monogamy by "facile divorce;" and thus even outdo them. The wives being consecutive, we have but one to support at a time.

France, that nation notorious for moral laxity, sanctions one divorce to about every one hundred and fifty marriages, while the United States — the country over — legalizes one divorce to about every twenty-five marriages.

As long as divorce is thus popularized, the discretion of a judge being the only barrier against it, little headway can be made against other forms of social debauchery. Go up and down society where you will, the influences are operating to swell the lists of the demoralized, and undermine the very foundations upon which we rest. In the language of Dr. Gerrish:

"All around us are evidences of the shortcomings of our vaunted system of training; everywhere we see the densest ignorance of the laws of being, of the rules of health, of the essentials of ethics; but in nothing is ignorance so apparent as with regard to the functions and proper uses of the generative organs. Whenever the sexual appetite is spoken of its satisfaction is called a physical necessity, an imperious and unconquerable requirement of the system, a demand of nature which cannot be ignored. Our children are taught — alas, by what tutors! — that their venereal desires must be gratified, and that the failure to do this will result in illness and impotence. As the legitimate fruit of such instruction we have masturbation, prostitution, sodomy, prevention of conception, seduction, rape, abortion, and the numberless diseases which follow in their wake."

Is it any wonder that we find things as we do, both outside and inside of marriage; that personal purity is so extensively stained, and that self-control is so frequently subverted?

Proceeding to the further analysis of this question, there must be a more widespread, intelligent and corrective interest exerted in this matter, or this civilization, like its predecessors from Sodom and Gomorrah down, must in due time, sink into moral death and non-existence.

Fortunate indeed is that child whose environment is so pure that he does not fall into that loathsome practice of self-pollution. Speaking as a physician, I seriously doubt whether there are among boys many that escape from it, and among girls, while the case is presumably vastly better, the facts will warrant the assertion that morbid imag-

inings frequently occupy and sway them, and that physical excitation is a not uncommon indulgence. This step, so full of calamity to the physical nature, is the very gate of hell to the moral nature. It is the open door to every phase of prostitution and crime that can follow. It is the incarnation of a demon that will haunt the existence, and be the autocrat of the majority of its subjects.

For these reasons we should not be surprised at the lamentable looseness of young men and women, at the widespread prostitution of unmarried people, and its open consequences of disease and impregnation, or the swelling lists of those who throw off all restraint and alliance to virtue, and go headlong into the most open depravity. We should not be surprised that such a culture should have its effect upon marriage, and that our views of the marriage relation should be so pernicious as we find them.

As the idea is generally fostered and legally regarded, marriage is little short of legitimate prostitution; it is made a cloak for what would otherwise be recognized as the most appalling immorality. Observers of high rank and moral worth have transmitted abundant authority to prove that marriage is widely regarded as a mere relief measure and prevention of crime.

Says Dr. Storer: "We are compelled to endorse marriage as a most important sanitary measure, alike for enabling a reasonable gratification of the sexual instinct, for the avoidance of disease, and for restraining men from alternatives alike disastrous to themselves, their descendants and to society."

In the same strain St. Paul wrote: "It is better to marry than to burn." It is written by another: "Let all parents encourage the early marriage of their sons — as soon after twenty-one as circumstances will permit." The venerable and pious Jeremy Taylor advocated marriage as a prophylactic to prostitution in these words: "Concerning which our best rule is that, although in this as in eating and drinking, there is an appetite to be satisfied which cannot be done without pleasing that desire, yet, since that desire and satisfaction was intended by nature for other ends, they should never be separate from these ends — i.e., with a desire of children, or to avoid fornication, or to lighten and ease the cares and sadness of household affairs, or endear each other — but never with a purpose, either in act or desire, to separate the sensuality from those ends which hallow it." These quotations amply show the sentiment upon this subject which rules at the present time, and which ruled with a yet more despotic sway in the past.

Can there be anything more subversive of the doctrines of chaste and continent living than this impure argument out of family life and practice, ancient and modern? The reluctant wife finally yields to the sexual gluttony of her husband that she may thereby keep him from resorting to a brothel! Think of it!

John Stuart Mill was right when he said: "The gratification of man's sexual desire is a degrading slavery to brute instinct in one of the persons, and, most commonly, in the other, helpless submission to a revolting abuse of power."

The accepted philosophy on this subject is a relic of that dark age when wives had no sexual rights that husbands were bound to respect. Indeed, so far as the legal attitude is concerned, this is still the galling state of things. Our tribunals can extend no protection to women against the brutish demands of husbands. It matters not how ill-timed, painful, disgusting or injurious to the wife the exercise of the so-called "marital rights" may be, her "duty" is plain — as a "faithful wife" she has no choice. Doctors, how often have you found this to be the wife's deplorable condition? It is, alas! in how many instances, submission or "hell" — an existence in either case, to which there is no slavery parallel in all the world! But "love" it is said, is the tie that binds, the motive that impels, the goddess that sanctions all this!

In language slightly variant from that of Madam Roland we must exclaim, "O love, what crimes are committed in thy name!" No; love and lust are not interchangeable terms, even in the married state; and that passion which demands indulgence for its own selfish gratification without thought or care for the happiness and well-being of all others concerned, is but the base counterfeit of the emotion that "suffereth long and is kind; that doth not behave itself unseemly; and that seeketh not its own."

That love that is in league with a Christian conscience — and all other "love" is lust — has a voice in these matters that is destined yet to be heard and obeyed. It sig-

nificantly utters the fact that man is the only animal in the kingdom that employs the sexual organs for purposes other than that of procreation; and that he is the solitary individual in all the animal creation that for mere sensual gratification calls these organs into use during the pregnant state!

It speaks in behalf of the unborn, and demands that he be shapen otherwise than in "iniquity," and that all deteriorating antenatal influences be removed. It says that every sexual indulgence that is sought on its own sensual account, and for the mere gratification of an "appetite," is a perversion of the creative ideal; that every fraudulent endeavor to prevent the legitimate consequences of such an act is a crime against good morals; and that every measure inaugurated to blast the fruitage of such a union, is murder in the first degree.

It indicates plainly that coition is inadmissible during pregnancy and normal lactation; that it is unjust and lust-inspired when the desires are one-sided and not mutual; that it is dishonest and attended with penalty — both physical and psychical — for each participant when performed imperfectly and fraudulently; and that all indulgence outside of wedlock is adultery and death. Conversely, the act is God-intended when it seeks a proper time; is attended with a thoughtful and loving regard for those concerned, and is characterized by an unwavering honesty of performance and abiding loyalty to its results. Every commission of this kind must be appraised and governed by the rules of right which affect the succeeding, as well as the present, generation; for no man liveth to himself.

By such means only can headway against the social evil be made, domestic happiness be enhanced, divorce be emasculated, the enormously common crime of abortion be put under arrest, and that numerous class of orphans lessened that poor little Pip in Great Expectations represented when he said, "I was always treated as if I had insisted on being born, in opposition to the dictates of reason, religion and morality, and against the dissuading arguments of my best friends."

The knowledge, too, that God never "sends" children till parents invite them by fulfilling all the conditions, solves the problem of overproduction and places the responsibility where it belongs.

Enough has been said to convince the most skeptical that there is crying need of a thorough reform in these premises. It is clearly apparent, also, that the chief and most potent cause is defective and vicious education; and that it is not so much a question of deliberate sin, as the almost universal fact of ignorance. Nowhere than here are more appropriate those immortal words, "We must educate; we must educate, or we must perish."

It was the old English poet Gascoigne who said, "A boy is better unborn than untaught;" and Robert Owen said, "Give me a tiger and I will educate him." These are words of vast meaning and resource. They express both the need and possibility of successful culture.

Let it be understood that there is nothing to be ashamed of in the instinct of self-propagation, and that "well-stated information never yet contributed to human inflammation," and you have made a long stride in the right direction. Familiarize the mind still further with the fact that "Whether or not we ought to hide this subject from the young if we could, we cannot if we would." The necessity is upon us, and the duty plain.

As an indication of what should be included in such a culture, I cannot do better than repeat the admirable definition of a liberal education that Huxley makes: "That man, I think, has a liberal education who has been so trained in youth that his body is the ready servant of his will, and does with ease and pleasure all the work that, as a mechanism, it is capable of; whose intellect is a clear, cold-logic engine, with all its parts in equal strength and in smooth working order, ready like a steam engine to be turned to any kind of work, and spin the gossamers as well as forge the anchors of the mind; whose mind is stored with a knowledge of the great and fundamental truths of nature, and of the laws of her operations; one who, no stunted ascetic, is full of life and fire, but whose passions are trained to come to heel by a vigorous will, the servant of a tender conscience; who has learned to love all beauty, whether of nature or of art, to hate all vileness and to respect others as himself."

This is the noble ideal which we should persistently strive to attain. And particularly should the emphasis be laid upon the latter part of the definition, and the learner be made familiar with the great truths of his

organism, the subordination of appetite to a quickened and tender conscience, and the regard for the pleasures and rights of others.

Into the hands of parents first is committed this most important charge, and they should not be inattentive or recreant to the trust. By the acquisition of the whole-hearted love and respect of the child they should carry him, at the stage of first questionings, by easy induction and familiar example, into such a comprehension of the mighty facts of being as he is capable of understanding; and these they should supplement continually by maturer culture.

This is the very starting point on the road of individual life, and parents are delegated to see to it that legible guide posts are placed at every probable point of deviation. Children should be thoroughly informed of the coming function, and all that it implies — its appetites, and dangers, and legitimate purposes. Nothing here should be left to the bitter experiences and painful gropings of an imperative but blind instinct.

By all discreet means throw upon this portion of life's pathway the broad daylight of knowledge. Teach every human being "that at each moment of his existence there is being made on the living tablet of his body a record which can never be erased, and which is prophetic of his doom" — that the crop of "wild oats" which he sows for himself and his progeny, must some day be harvested.

"The moving finger writes, and having writ
Moves on; nor all your piety and wit
Shall lure it back to cancel half a line;
Nor all your tears wash out a word of it."

Physicians should realize their responsibility in this work, and be active in the performance of the duty of inculcating both parents and children with the knowledge of right. To this end they should themselves have completer training in sexual physiology, and the procreative functions of the race. As is well known, the professional curriculum and literature have been practically barren upon this theme — those forces that precede organization in their operations having been treated with comparative silence.

Human physiology and hygiene should be taught in our common schools by competent teachers familiar with their subject; notwithstanding the fact that the suitable textbook is still unwritten. The classics, mathematics and natural science should not be disparaged; but it is quite as important for a person to know the structure, function and proper management of his own body as that he should be able to unearth Greek roots, make an algebraic calculation, or describe the anatomy of animal or plant.

The day should be past forever when children can reach adolescence in ignorance of that physiological, hygeinic and moral knowledge that pertains to the sexual nature. The sentimental and mock-modest glamour which surrounds this whole subject should be removed. The facts should be impressed so clearly upon the memory that the imagination would not be required to complete the picture. "The aim of all instructors," says Professor Wilder, "should be to prevent the exercise of the imagination upon the bodily organs. In order to do this, and lead the mind into a safe and continent state, it has been found better to furnish it at once with sober and complete information upon the subject — employ a kind of mental inoculation, by allowing nothing to be guessed at or wondered at. Teach all that their foes are they of their own households — the eyes, the ears, the thoughts and the imaginations. Impress it upon all that the only safe practice is to avert the eyes from the indelicate; to close the ears to the coarse and obscene; and to keep the thoughts occupied with that only which is pure."

From the very beginning, privacy of conversation on these matters should be enjoined, not because of any evil in the theme itself, but in order to respect and aid the endeavors of others, and to keep the subject from becoming a staple of thought and conversation. The young should be encouraged to bring these questions only to parents or teachers, upon whose intelligence, sympathy and affection they should be taught to rely. By such a gradual and progressive method, continued through the formative years, is it feasible to inculcate the great truths of generation so that on reaching puberty and full development the youth may be well prepared to resist the temptations which beset them on every side.

Having been taught to regard the sexual functions reverently, they would consider any abuse of them a sacrilege, and thus escape the at present too common defilements of body and mind. The tree would still incline as the twig was bent. The procreative en-

ergy would be to them a sacred trust — to be kept inviolate, and used with the distinct and only purpose of perpetuating their kind. Chastity and continence would be so interwoven with every fiber of their being that a departure from virtue, even in imagination, would be a thing abhorrent.

The adultery in the heart, which Jesus Christ recognized in every lustful look upon a woman, would be overcome, and the golden ground of self-mastery be attained. When the acceptable time arrived for such hearts to turn their thoughts to marriage, they would perform that "most important of all human transactions," with a high and reverent sense of its meaning; and would assume its duties with such honesty of purpose, and with such fidelity of enactment, as to insure the foundations of home, and the perpetuity of love.

None should be appalled at the magnitude of this undertaking; or quail because the popular vote of this day does not accept these truths of wisdom and right. The revelation of truth and the quest for veracity alone should concern us. It may be the voice of one crying in the wilderness, but many are destined to hear. If only truth be uttered, it will find lodgment and finally produce a thousandfold. Each evil pointed out, each wrong discovered, proves that God is on the field, and will take care of his own — although it may be long, as we consider it, before the evil and the wrong cease.

Fortunately, in the paths of virtue "co-operation is not essential — every step tells. He who performs his duty faithfully will reap the fruit of it, whatever may be the number of the others who fail." And thus may we rely securely on the healing forces of better knowledge. Only show the generations the better way, and they will gradually but surely take it.

Says Emerson: "Let us make our education brave and preventing. Politics is an after work — a poor patching. We are always a little late. The evil is done, the law is passed, and we begin the uphill agitation for repeal of that which we ought to have prevented the enacting. We shall one day learn to supersede politics by education. What we call our root and branch reforms of slavery, war, gambling, intemperance, is only medicating the symptoms. We must begin higher up — namely in education." This is the gateway to every reform; and the sooner politicians, physicians, social economists and individuals turn their attention to efforts in this direction, the sooner will society be lifted out of the slough of filth and crime in which its base now rests.

PYÆMIA.

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(Read before the Illinois Homœopathic Medical Association.)

As far back as we have any history of medicine, diseases supposed to be due to putrid conditions of the blood or fluids of the body or to an unhealthy condition of wounds were supposed to exist. Hippocrates reports well marked cases of puerperal fever, in which he recognized the fact that death was caused by septic poisoning. Many other ancient writers have left undoubted evidence that they also recognized diseases and states of the body due to septic — or, as they termed it, putrid — conditions, accompanied by fever, the formation of abscesses, and metastatic deposits.

Pyæmia is an infectious disease caused by the introduction into the system of some of the products of decomposing pus, generally attended by the formation of infarctions, metastatic abscesses, diffuse local inflammations, fever, visceral congestions, and gastro-enteric complications.

This disease is usually, but not always, sequential to a wound or injury. The blood undergoes changes which cause it to coagulate spontaneously whenever there is slowing of the blood current, thus causing venous thrombosis and embolism to be an essential feature. The lodgment of emboli in the small arteries of different organs leads to the development of local points of inflammation, which terminate in the formation of abscesses, the blood-making and the excretory organs being especially liable to these complications. Fibro-purulent inflammations of the serous sacs, and ulcerative endo-carditis are frequent complications, especially in acute cases.

The exact nature of the poison which produces these changes has caused much discussion among pathologists. The nature and causes of pyæmia have, at different periods, given rise to various theories. Among the most prominent are:

1st. That pus is absorbed by the veins, or secreted from their inflamed lining membranes.

2nd. That a chemical poison is evolved from the pus and other material found in the wounds, and poisons the blood.

3rd. That microsscopic organisms introduced into or developed in wounds, find their way into the blood and tissues and there multiply.

Ambrose Paré and some of his associates of the sixteenth century, advanced the theory that pus was absorbed. The secondary abscesses in surgical cases which Paré had frequently observed in the spleen, liver, lungs, and other viscera, he attributed to this cause.

Hunter advanced the theory, which for a time was generally accepted, that pus was secreted from the lining membranes of an inflamed vein instead of being absorbed from a wound. And he did not consider the secondary abscesses as due to the introduction into the blood of morbid material from without. That the abscesses were due to the entrance of pus into the blood and its arrest in the capillaries of the affected organ or tissue was also maintained by others who looked upon the process of transference from one portion of the body to another as perfectly possible. The studies and experiments of Virchow establish the theory of thrombosis and embolism, and he showed that changes in the veins which had been regarded as due to phlebitis were caused by the coagulation of blood and the subsequent degenerative changes in the thrombus thus formed; that the infarctions and abscesses found in the viscera were caused by the detachment and lodgment in a distant part, of these softened and disintegrated clots; that the white blood cells and pus globules so closely resemble each other as not to be distinguished, and that it was improbable that they could permeate the venous walls and mingle with the blood. But these admirable experiments, while explaining some of the phenomena, fell short of the real solution of the problem. It is but a few years since Howard in his admirable article on pyæmia, said that of the exact nature of the poison which gives to the blood in pyæmia its infectious character, we are in ignorance, and it is better to admit this fact. One's powers of analysis are not yet sufficient for the isolation of the subtle but potent poison upon which so many of the specific diseases depend. That we do not yet know what it is that gives the pyæmic clot its infectious qualities. He states however, that it is caused by the entrance into the blood of an animal poison which originates in a wound, injury or local inflammation. The animal ptomaines or cadaveric alkaloids, have been considered sufficient to produce the disease. Gaspard, and later Pannum, made extensive experiments in order to establish the so-called chemical theory of pyæmia, with the following conclusions. (*a*) That there is in putrefying fluids a specified chemical substance soluble in water; (*b*) This substance if introduced into the blood, produces the peculiar symptoms which belong to what is usually called the putrid or septic infections; (*c*) This substance possesses such infectious qualities after being freed from all microscopical organisims.

Attempts by others to isolate this substance and establish for it a definite chemical composition have, however, proved unsuccessful. To the last of the three causes mentioned we must look for a solution of the etiology of pyæmia and other septic conditions. Recent observations and experiments have shown that pus containing micrococci causes pyæmic inflammation, that the micrococci alone can produce the same condition; and that pus without these organisms is inert. We are especially indebted to Pasteur, Koch, Sternberg and the more recent experiments of Ogston, for the elucidation of the etiology of this disease.

The species of organisms that have been identified as capable of producing diseases in the human body, are comparatively few. Those which infect and complicate wounds are embraced in two great groups — the spherical and the elongated, or rod-shaped. In baggy wounds, deep sinuses, or those containing pus which is unusually fetid, these organisms abound, and the greater the fetor the smaller and more numerous do they appear. Some forms of these organisms of apparently the same kind, are inocuous, while others are extremely virulent; or, some are pathological and others are not.

Ogston claims that micrococci abound in pus of all acute abscesses and wounds, in amount and activity corresponding to the intensity of inflammation. But striking difference was found to result from the injection of

those kinds of pus into living tissue. With the pus from abscesses there usually followed rapidly fatal poisoning, sloughing or acute inflammation, frequently ending in abscesses. With that from open wounds, though rich in micrococci, it was with difficulty that an occasional suppuration was produced.

The importance of the early recognition of septic poisoning cannot be over-estimated. The diseases with which it is most liable to be confounded are the septic form of typho-malarial fever, typhoid and typhus, and intermittent fever.

The disease is usually ushered in with a rigor or a well marked chill, followed by fever and sweating. The chill is usually preceded by a prodrome of several days. The chills occur irregularly, and the sweats are profuse and exhausting. During the chill the temperature will be higher than in the sweating stage, and great extremes of temperature often follow at short intervals. The chills are often preceded by great irritability of the nervous system. There is marked cardiac weakness, the pulse ranging from 120 to 140, and it is not affected by the temperature. It is small and frequently intermittent. The breath frequently has a nauseous, fetid odor, or a smell like new-mown hay. The skin is wrinkled and jaundiced. Rapid emaciation accompanies the marked anorexia. Fugitive pains, flying from one part of the body to another, with occasional swellings of the joints, are frequent symptoms. These symptoms are sometimes mistaken for rheumatism. Frequently suppuration of the joints occurs, developing rapidly, but with comparatively a small amount of pain. If a wound exists, marked changes are frequently observed even at an early stage. The discharge loses its healthy appearance and becomes scanty, ichorous and extremely offensive. Or the discharge may entirely disappear, and healthy granulations be displaced by a slough. Many of the pathological changes, such as metastatic deposit and seropurulent exudation can only be located by an autopsy.

The following is a report of a case of pyæmia which occurred in my practice in 1882. So far as could be ascertained, there was no traumatism connected with the case.

J. M., æt. 35, 5ft. 7in. high, weight 260; engaged as a yard-master, having charge of men loading and unloading cars. He had felt somewhat indisposed for several days, complaining of vague dull pains in left iliac and inguinal region. Nov. 1st, he was seized with severe pains along the left inguinal tract, which extended into the scrotum; he also discovered a lump in the upper part of the scrotum. I visited him Nov. 2nd, and found the symptoms aggravated and growing worse rapidly, and the lump as large as a hen's egg, was extremely sensitive, and resembled in appearance a strangulated hernia. He had high temperature, which was preceded by a chill; was very irritable and restless. The differential diagnosis as between an abscess and hernia was confirmed several hours later by the hypodermic syringe. The abscess was freely opened and discharged a large amount of the most fetid pus I ever saw. Relief from pain followed the evacuation of the abscess; but a train of symptoms supervened which demonstrated that the system was already thoroughly poisoned. It is unnecessary to give anything like a daily record of this case.

There were rigors, fever, profuse perspiration, rapid emaciation, and a sallow and wrinkled skin. After a few days a pustular eruption corresponding to the so-called pyæmic eruption appeared. The discharge from the opening did not disappear, but continued extremely offensive. A mental state, characterized by great apathy, bordering upon imbecility, was present. An accumulation of pus in the cellular tissues followed, and œdema occurred. This condition, with slight variations, continued for weeks, corresponding to that state so clearly described by Sir James Paget in his "Clinical Lectures and Essays," published in 1875. These cases "after presenting the signs of acute pyæmia, continued week after week, steadily destroying the health. Its course is indicated by slow wasting, all the tissues becoming dry and shrivelled; by increasing pallor, by decreasing muscular and mental power, the voice becoming weak, the mind slow and dull, accompanied with delirium, quick and feeble pulse and respiration." The whole train of symptoms. as described by Sir James, corresponded closely to this case. During the second week, the left thigh becoming swollen and somewhat tender, led me to believe that there was suppuration, or an accumulation of pus. The limb presented much the appearance of a case of so-called milk-leg.

This case was seen at different times by a number of my colleagues, all agreeing that there must be pus. I made numerous incisions to the bone on the outer and back part of the thigh, at points that seemed to present the most evidence of fluctuation, but with negative results. Prof. Hall, of Chicago, was called in consultation. He fully confirmed the diagnosis, and recommended further incisions as soon as a selection of location could be made. By passing a long uterine probe into the scrotal opening, I could follow the track of the sinus to a point midway between the umbilicus and crest of the ileum. I decided to shorten this track and insert a drainage-tube. To do this the patient was etherized, and a uterine sound introduced on the end of which a counter opening was made, midway between the umbilicus and the crest of the ileum. Upon a grooved director I slit up the sinus from below about two inches, dissecting away all pyogenic membranes and closing the cut surface with sutures. The freshened wound healed naturally. A No. 6 French catheter notched at intervals formed a drainage-tube. Deep pressure in Scarpa's triangle caused pus to flow freely through both of the openings. I then made a deep incision in this location, which was followed by a free discharge of pus and broken-down tissue. Carbolized water injected into this opening flowed freely through the abdominal and inguinal outlet.

The solution of our problem was accomplished, and convalescence established at the twelfth week. Emaciation was extreme, and the mental condition one of complete imbecility. We found from actual experiment that he weighed 98 lbs., having lost 162 lbs. in twelve weeks. Seven months later he weighed 250 lbs. having lost and gained 314 lbs. in ten months. The treatment other than surgical covered the field, but I desire to speak a word of praise for the Phenic acid, which was used continuously for about eight weeks, both hypodermically and by the stomach.

The nurses and relatives, as well as myself, all came to look upon the contents of those little black flasks as our best, if not our only hope. My assistant in the treatment and care of the case was Dr. W. M. Stearns.

Pyæmia is with so few exceptions sequential to a wound that its treatment should commence with the first dressing. Prophylaxis is of the greatest importance, and may be obtained in proportion to the skilful and thorough manner in which antiseptic means are used.

The best results are obtained by securing union of all wounds by first intention. To accomplish this complete Listerism should be employed. If pockets and abscesses form, convert them into open wounds by free incision, and use more thorough antisepsis. I believe that if anything will prevent pyæmias, or save a pyæmic patient, complete and thorough cleanliness — which is itself another name for Listerism — is the only method that will accomplish it. I do not ignore internal treatment, but with a disease that is so frequently preventable, prophylaxis should be placed at the head of all remedial measures.

I also mention Peroxide of hydrogen as a local remedy for cleansing deep sinuses or baggy wounds, or to cleanse the tissues from the products of suppuration. To reduce the temperature, especially in the early stages, Aconite, Veratrum viride and Phenic acid were used. As constitutional remedies, to control the putrefactive progress, Arsenicum, China, Silicea, Phenic acid, Hyposulphite of soda, and Quinine were the ones chosen. Nourishing food, with good hygienic surroundings, are of the greatest importance. There is no class of diseases that demands and responds to alcoholic stimulant more surely than do those due to septic poisoning.

(Monthly Chapter on Orificial Surgery.)

TWO SUGGESTIONS IN GYNECOLOGY.

By E. H. PRATT, M. D.

CHICAGO.

RECOGNIZING the internal os as the key to most uterine conditions, the problem has been to so treat it as to relax it, or close it, as the case may demand.

The junction of the neck with the body of the uterus — the situation of the internal os — is a very important anatomical, physiological and pathological position. It is the very center of uterine influences and forces. If an uterus bends, it is here; if it is catarrhal, above or below, the trouble proceeds from the internal os; if it is irritable and inflamed, the internal os is the central point of

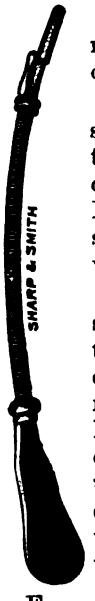
trouble. If pelvic cellulitis, even, is present, the internal os will be so exceedingly contracted and irritable that you will begin to believe, upon examination, that the general disturbance progressing in the pelvic cavity had its starting-point at that same important spot. How to handle this place, then, so as to soothe, to arouse, to discourage, to encourage, to weaken or to strengthen the whole uterine apparatus as it may need, is a very pertinent question.

I desire, in this connection, to make two suggestions only:— the ordinary surgical principles of free vent for all cavities furnishing discharges; and the application of moist heat in various degrees as a soothing, and also as a tonic, measure.

The principle of dilatation in stenosis and intrauterine catarrh, has been more or less employed for some time, and with varying degrees of success. The first measures for securing dilatation were various kinds of intrauterine tents. But they were septic, and dilated most where the dilatation was least needed. They never passed into universal favor. Then came spreading blades of varied construction. These gave better satisfaction. But occasional accidents of inflammation betrayed the fault of the process, *viz.*, uneven pressure and consequent bruising. Finally Spooner's six graded sounds partially supplied the long-felt want. But, as they did not go quite far enough, other sizes were added, and a safe rule found for uterine dilatation by which the desired amount of dilatation could easily be effected, and without danger of exciting inflammation. (See The Medical Era, Dec., 1886.) This last was a great advance over all previous measures, but still left room for improvement. If sounds were introduced and immediately withdrawn, more or less reaction would ensue, and the process would require several repetitions to produce permanent results.

The suggestion which I have to make now, secures more rapid and satisfactory results. It is the use of an intrauterine pessary, carefully adjusted to the length and capacity of the uterine cavity, as ascertained by the rule mentioned. As the average length of the uterine cavity is 2½ inches, so the average length of pessaries should be 2¼ inches. But they should always fit neatly. They are to be used in cases of flexion, chronic inflammation, tortuous canal, dysmenorrhœa, etc.: — in fact, in all cases where dilatation is desired. They can be introduced without an anæsthetic, although the patient must immediately retire and spend a few days in bed. The pessary may be left for from 24 hours to a week, according to the requirements of the case. After the removal of the pessary, the case should be treated like one of ordinary miscarriage.

The accompanying cut shows the ordinary size of these instruments kept by instrument stores. The pessaries are hollow, to allow the escape of all discharges. The subsequent effect of the intrauterine pessary is more lasting than is that of simple dilatation by sounds.



The cut shown here represents a repristor, for the purpose of introducing the pessary into the uterus.

The fault with previous intrauterine stems is that they have not embodied the idea of *thorough dilatation;* except those recently recommended by Dr. Jackson, and his process is so slow and tedious that it is scarcely worth while to comment upon it.

After the pessary is removed a slight reaction comes on, and often there is a slight muco-purulent discharge for a few days. No trouble results, however, if the patient is kept at rest for a few days, and at the end of a week or so you have gained this advantage, — you have now to deal with an enlivened organ, that will react kindly to any measures that you may adopt.

Everyone knows that the uterus, in its habits, is much like a pendulum: if a gestation or other dilatation for a time disturbs its usual position — however it may be flexed or verted — as soon as it is again emptied of its contents it tends gradually back to its former place. It is now, however, easily molded, and gynecologists have long known that the most successful work in uterine troubles is done in the first few months following confinement.

Now these pessaries are a substitute for a confinement, indeed they are a kind of bogus baby, and resemble in their action on the uterine tissue, although, of course, imperfectly, the process of childbirth. After their removal subsequent measures are more effective. But these measures must not begin too soon after removal of the pessary; as has already been said, the same care must be exercised that you would after a miscarriage.

In from one to three weeks after the removal of the pessary — the careful use of moist heat by means of the intrauterine double douche tube, illustrated in the accom-

panying cut, will secure results satisfactory to both patient and physician. The patient should lie with the shoulders very slightly elevated, and of course in the dorsal position, with the limbs separated and retracted. After bringing the cervix into view, warmed dilators should be passed slowly up to No. 9½. The douche tube is then to be introduced, and a solution of Boracic acid, or any desired medicine, is permitted to slowly syphon through the uterine cavity.

Remember that excessive heat is very tonical and astringent in its action, and that mere warmth is soothing and relaxing, and you will have the key to the proper amount of heat to be employed. An irritable, spasmodically contracted uterus needs luke-warm applications; an indolent, subinvoluted, badly flexed uterus wants the douche as hot as the tissues can safely endure.

From three to ten minutes is long enough for a douching. Repetitions must be at the discretion of the physician, not oftener than twice a week; and often a single douching will be all that is needed for some weeks. Delicate cases must be douched at home, but office treatments are permissible in some cases.

Under this treatment it is intensely interesting and gratifying to see old cases of retroflexion, and engorgement, as well as other forms of uterine disorders, mend speedily, surely and permanently.

Occasionally, if you are not careful in letting the water run entirely out of the tubing before the injection pipe is removed, you may occasion the patient a few minutes of slight uterine colic; — but this rarely occurs, is never serious, and does not begin to be an objection serious enough to stay a process which weans women of pessaries and compresses, and yields them back their old-time freshness and vigor, and that, too, in an astonishingly short space of time.

RULES FOR THE REDUCTION OF DISLOCATIONS OF THE HIP AND SHOULDER JOINTS BY MANIPULATION AND EXTENSION.

By H. D. CHAMPLIN, A. B., M. D.
CLEVELAND, OHIO.

A GENERAL RULE: *Always place the limb in just the position which characterized it at the moment of escape.*

In the dislocation of head of femur upward and backward on the dorsum ilii, the pelvis being fixed, grasp firmly the knee and ankle of injured side, flex leg on thigh, thigh on abdomen, *rotate inwards*, and extend.

In the dislocation of head of femur upward and backward into the sciatic notch, the pelvis being fixed, grasp firmly the knee and ankle of injured side, flex leg on thigh, thigh on abdomen, *rotate the limb internally* and extend.

In the dislocation of head of femur downward into the foramen ovale, the pelvis being fixed, grasp firmly the knee and ankle of injured side, flex the thigh upon the abdomen, *abduct the limb* and extend.

In the dislocation of head of femur forward upon pubis, the pelvis being fixed, grasp firmly the knee and ankle of injured side, *abduct* the thigh, *rotate externally* and extend.

In dislocation of humeral head downward into the axilla (known as subglenoid) the scapula being fixed, *draw the arm upward by the side of the head* and extend.

In dislocation of humeral head forward beneath the pectoral muscle (known as subclavicular) the scapula being fixed, *rotate externally* and extend.

In dislocation of humeral head backward upon the dorsum scapula (known as subspinous) the scapula being fixed, *rotate internally* and extend.

There are 500 cases of supposed typhoid fever in Cincinnati, and the disease is rapidly spreading. Physicians think the low stage of the river and the foulness of the water to be the cause.

COOK COUNTY HOSPITAL.

MEDICAL CLINIC.

SERVICE OF
CH. GATCHELL, M. D.,

GENTLEMEN:—At our clinic a week ago I showed you a case of acute peritonitis, a disease which you will not often see. By this I mean that idiopathic peritonitis is very rare indeed; usually the condition arises secondarily in the course of pyæmia, septicæmia, typhus, typhoid, and other fevers. It also sometimes occurs by extension from inflammation of abdominal organs having a peritoneal covering. Traumatism may also act as the exciting cause of peritonitis, as it did in the case under consideration. When you saw the patient he had fever, a coated tongue, anorexia, a quick and rapid pulse, and distension of the abdomen, with great sensitiveness of its surface. I bring the man before you to-day in order that you may see what progress has been made in the case. There is now an absence of fever, a tongue almost clean, and the size of the abdomen is much reduced; it is also much less sensitive, for you see no expression of pain in the man's face as I percuss the abdominal surface. All this indicates that the inflammation of the peritoneum has to a great degree subsided, and our patient is rapidly approaching convalescence.

The chief objective symptom in this case is distension of the abdomen — tympanites, metorism, as it is variously called. A subjective symptom, as you know, is what the patient tells you; an objective symptom is what you see for yourself. As I percuss the abdomen you observe that it gives forth a hollow, tympanitic sound which is indicative, in this case, of gas in the intestines. As a result of inflammation of the peritoneum, the muscular fibers of the intestines are in a state of inflammatory œdema. An œdematous muscle, as a matter of course, loses its tone, loses its power of contraction — it is in a state of temporary paresis. As a consequence of this the intestinal muscles relax, gas accumulates, the intestines become distended, and the abdominal wall becomes raised up, as we see it in this case.

The treatment that this patient received has consisted for the most part of the administration of Arnica, though at one time he had Belladonna. A thin flaxseed poultice has been kept over the abdomen, he has remained in a comfortable bed, been judiciously fed and well nursed, and from the first he has made steady progress towards recovery.

* *

I now show you in this cot another patient who, as I turn down the bedclothes, you will see has as the chief objective symptom an enlarged abdomen. But, as you will learn, it is from a very different cause. As I make percussion in the region of the umbilicus, you hear a tympanitic sound. But as I go lower on the side, the sound suddenly becomes dull, indicating that there is no longer gas beneath the surface. Now I apply the palm of my left hand to one side of the patient's abdomen, and with my right hand I make a series of sharp, quick strokes on the opposite side. With each stroke I feel an impulse against my left hand, a sensation of fluctuation, an indication that there is fluid in the abdominal cavity. In other words, we have here a condition of ascites — dropsy of the abdomen.

It remains to discover the cause.

Now, dropsy may be due to one of four causes: it may be produced by hydræmia, or by lesions belonging to the heart, kidneys, or liver. On examination of the heart, that organ is found to be in a normal condition. An examination of the urine has been made, with negative results, which excludes the kidneys. If the dropsy were due to hydræmia, there would have been œdema of the extremities and other parts before the appearance of the ascites, which was not the case, thus removing the blood from consideration.

On making percussion over the liver, we find the area of dulness very much reduced, denoting a state of atrophy. Taking this sign, together with the history of the long-continued use of alcohol, an enlarged spleen, and ascites not preceded by œdema or dropsy of other parts, and we very readily arrive at a diagnosis of cirrhosis of the liver. We have now found the offending organ.

This man's liver would present to the eye, if we could see it, about the following appearance: It would be reduced to nearly half its normal size; its surface would be uneven, marked by irregular prominences, from the size of a pea to the size of a hazel-nut, giving it the name of "hob-nail" liver. It is also known as the gin-drinker's liver, and the cirrhotic liver, the latter on account of its yellowish color. On making a section of the organ we would find that it would grate

under the knife, like a piece of cartilage, showing the presence of substance which is much harder than the normal hepatic tissue.

The process which has been going on to produce this change in the liver, has been an inflammation of the interstitial connective-tissue, as a result of the use of alcohol. The alcohol, after being imbibed, was absorbed by the stomach and intestines, carried by the portal blood to the liver, and there its presence caused an irritation, which set up inflammation of the interstitial connective-tissue, thus producing a *chronic interstitial hepatitis*, which is the diagnosis in this case.

Primarily there is enlargement of the liver, due to vascular congestion and a multiplication of cells; secondarily, the new connective-tissue contracts, thus making pressure upon the hepatic lobules, with destruction of the hepatic cells, from fatty degeneration, and consequent atrophy of the liver.

Now, how does this produce the dropsy? You know that the portal vein is made up of numerous branches from the abdominal organs — the superior and inferior mesenteric, the gastric, splenic, pancreatic, and others. All these veins converge to form the portal vein. After the portal vein enters the liver it divides up into small venous radicles, which become the inter-lobular veins. As the liver contracts, pressure is made upon the inter-lobular veins, obstructing the flow of the portal blood in that organ; this venous stasis is reflected throughout the entire portal system in its vast distribution in the abdominal cavity, the serum-albumin of the blood escapes, and produces the condition here present — ascites, or dropsy of the abdomen.

The enlargement of the spleen referred to, is due to congestion from obstruction of the circulation in the splenic vein, the largest vein which goes to make up the portal system.

Hence, although ascites may be due to a variety of causes, yet, when you find a history of the long-continued use of alcohol, together with decreased area of hepatic dulness, increased area of splenic dulness, and primary ascites — that is, ascites not preceded by œdema of other parts — you will be very safe in making a diagnosis of chronic interstitial hepatitis, or cirrhosis of the liver.

The accumulation of fluid in the abdomen has pushed the diaphragm upwards, thus compressing the lungs, embarrassing respiration, and causing a slight pulmonary œdema, which accounts for the almost constant hacking cough with which the patient is troubled.

The varicose condition of the veins which you see on the wall of the abdomen is caused by venous stasis, from pressure on the ascending vena cava.

The prognosis in a case of this kind you may infer from what I have said of its pathological anatomy. We cannot give this man a new liver, nor can we restore the one he has to a healthy condition. The indications are to make his condition as comfortable as possible. We can relieve the embarrassed respiration by removing the fluid which has accumulated in the cavity of the peritoneum, by performing paracentesis abdominis, which is vulgarly termed tapping the abdomen, an operation which any one of you may be called upon to perform in the course of your future practice.

For this purpose either an aspirator or the simple canula and trocar may be used. You see that we are about to employ the latter. I would advise you to select a small-sized instrument, and be careful to have it perfectly clean. I have been told of one instance in which erysipelas followed the use of a trocar without first rendering it antiseptic. Other precautions to be observed in this operation are to see that the bladder is perfectly empty, so as not to penetrate that organ; next, sponge the abdomen with carbolic acid solution. Then with the point of a sharp scalpel, make a preliminary incision through the integument, in the mesial line of the abdomen, midway between the umbilicus and the pubes. You see, also, that we have a broad binder about the patient's abdomen, with the free ends crossed behind, and, as the fluid is gradually withdrawn, an assistant makes traction on the binder, thus rendering support to the abdominal walls, and preserving the patient from an attack of syncope which in some cases might occur. This is a rare accident, yet, if it is to happen, I advise you to let it be in somebody's else experience rather than in your own.

The best position for the patient, is sitting in an easy chair, or, he may sit on the edge of the bed, as in this case. Now you see that several quarts of a straw-colored fluid have been withdrawn, the man's abdomen is much reduced in size, respiration is much less embarrassed, and the slight cough which you have heard ever since the patient was brought into the amphitheatre, has now ceased.

The binder is now secured about the ab-

domen, to remain a short time, and the patient replaced in bed. He will now return to the wards, where he will await another operation of this kind, which, unfortunately, must be repeated again and again.

* *

The third case that I shall show you to-day, gentlemen, is one of a fever that you will meet with very frequently in your practice. This man was taken about a week ago with a chill, which was followed by a rapid rise of temperature, headache, pain in back and limbs, anorexia, tenderness over the region of the stomach, nausea and vomiting. Since that time the fever has continued, being marked, however, by morning remissions, when the temperature would fall nearly to the normal, but become high again at night. Taking all these symptoms together it is not difficult to make a diagnosis of *remittent fever*, a disease which has received a great variety of names. Some of the names have been dictated by geographical considerations, and others by its most prominent symptoms. In India it is known as jungle fever; in Africa, it is the African fever, while in the Southern States it is Southern fever, and marsh fever. When the liver shows the greatest amount of disturbance, accompanied by jaundice, it is by some called bilious fever; when the stomach is markedly affected, gastric fever; when the patient sinks into a low, typhoid condition, as sometimes happens, especially in the river-bottoms of the lower Mississippi valley, it is called typho-malarial fever. In such cases there will be stupor or delirium; the face red and besotted; a dry, brown tongue; sordes on the lips and teeth; a profuse bilious diarrhœa and marked emaciation. But, notwithstanding these various manifestations of the disease, all cases, whether in India, Africa or America, are of common origin, all are due to a miasmatic poison, and, properly, they are but different phases of the affection from which this patient is now suffering — remittent fever.

The principal lesions belonging to this disease are found in the spleen and the liver, although the stomach and intestines are also affected. The hæmaglobin of the blood undergoes disorganization, with destruction of many of the red blood-corpuscles, and the formation of pigm nt granules.

The parenchyma of the liver becomes infiltrated with these pigment granules, which give to that organ a peculiar bronze color, called "bronzed liver," which is the characteristic lesion of the disease. The spleen becomes enlarged and also somewhat "bronzed." The mucous membrane of the stomach and intestines becomes congested, thickened and softened.

Often there is constipation throughout the course of the disease, though sometimes there is bilious diarrhœa, with dark, or brownish-yellow passages. The temperature has a very high range, sometimes 106° or 107° F. degrees, though interrupted by daily remissions.

The typho-malarial form is, I have no doubt, sometimes reported as typhoid, but I think you will never make such a mistake if you remember that this disease is marked by a sudden onset, a distinct chill, a very high temperature early, with daily remissions, and that the diarrhœaic stools are bilious in character; whereas in typhoid, there are a gradual onset, indistinct chills, gradual accession of high temperature, with but slight remission, stools of the "pea-soup" character, and, in addition, right iliac tenderness and roseola spots on the abdomen, which do not belong to remittent fever.

The prognosis in all uncomplicated cases of this disease, is good. You should never lose a patient. Do not let a high temperature cause you any apprehension. Remember that in malarial fevers an excessively high temperature involves far less danger to the patient than in continued fevers. The saving clause lies in the remission or intermission. Hence, in this disease a temperature of 107° F. has less significance than it has in typhoid. The favorable prognosis indicated is only to be modified in severe cases of the typho-malarial form.

The treatment of this case, in addition to the proper nursing, has consisted of the administration, at various times, of Gelsemium, Mercurius and Ipecac. Sometimes you will find China, Bryonia or Belladonna indicated, and, in the typho-malarial form, Rhus and Arsenicum, which will prove to be of great service

[Note.—Shauffler, in Wood's "Reference Handbook of the Medical Sciences" says: I am sure that many, and perhaps most, of the cases of so-called typho-malarial fever are merely grave and protracted cases of malarial remittent fever, in which the patient falls into what is called the "typhoid state." Maclean (Quain's Dict.) agrees with this view. Loomis treats of it under "Continued Malarial Fever." Bartholow mentions it only in a foot-note. Sternberg says "the term cannot be justified on scientific grounds." It is not mentioned at all in Ziemssen, Tanner, Niemeyer, Dunglison or DaCosta.]

SELECTIONS.

Treatment of Piles by Dilatation.

According to Mr. Verneuil ninety-eight cases out of a hundred may be radically cured by this simple process. The duration of the treatment scarcely ever exceeds eight days, during four of which the patient remains in bed, and during the remaining four days in his room. Piles of six, eight, ten, twelve and fourteen years' existence have been completely cured in this manner. Even in cases in which the disease is complicated with true rectal prolapsus, dilatation should be had recourse to. During fifteen years that the author has practiced this method, he has not met with one unsuccessful result. He prefers the speculum to the digital method of dilatation.—*M. & S. Reporter.*

Ring Pessary in Treatment of Fractured Patella.

A subscriber writing to the *Md. Med. Journal* says: I desire to call attention to a simple, inexpensive and efficient plan for treating fracture of the patella. The only articles required are a gum ring pessary, two strips of adhesive plaster two inches wide, and long enough to go around the limb, one above and the other below the knee, and a few yards of muslin bandage. Bring the fragments as close together as possible and encircle with the ring, secure the ring in position by two strips of muslin passing through it and connecting with the adhesive strips. Then bandage well; with this treatment considerable latitude of motion may be allowed the patient in bed without injury, and in most cases he may be allowed to sit up in three weeks. Six cases have been treated in this way within the last ten years, all of which have resulted satisfactorily. — *Med. Register.*

The Radical Cure of Hernia.

1. Small reducible and easily controlled inguinal hernias can with safety be treated with Heaton's injection, and with a reasonable prospect of success — 30 per cent of recoveries.

2. In similar hernias in children, in which the use of the truss has failed, Heaton's injection is to be recommended as a particularly successful procedure.

3. In unmanageable, painful, irreducible hernias, demanding surgical interference, and sometimes those in which Heaton has failed, the radical operation should be resorted to with the sac tucked up or tied off, as the surgeon may determine, but with a high and complete suturing of the canal.

4. When omentum is found in a hernia it should be securely tied and resected.

5. The wound in the region of the external ring should be healed by granulation to afford a cicatricial barrier, as an additional factor in the cure. — *Dr. Weir, in Med. Record.*

Some Urinary Disorders Cured.

Case I.—Mr. A., aged 80 years, was admitted to the Albany City Homœopathic Hospital, April 1, 1887, suffering from incontinence of urine. For three years he had had no control of the bladder and only knew when the urine passed by seeing his clothes wet or by feeling it on his body. He was so offensive that no examination was made, but Equisetum tincture, one drachm to four ounces of water, was prescribed, two teaspoonfuls to be taken every three hours. In one week's time he had so improved, that only occasionally would the urine pass off involuntarily. After six weeks he was discharged cured, although the contraction of the bladder after having been so long diseased, necessitated frequent urination.

Case II.—This was the opposite condition. A little girl, aged 2 years, had suffered from retention for two weeks. Canth., Nux vom., Apis, Pulsatilla, and Cannabis sat., with many other things, failed to give relief. The child complained of pain in the region of the bladder and cried when trying to void urine, which was only passed once in 24 hours, and then with much assistance on the part of the nurse. Erigeron 1x relieved this child in 24 hours and she has had no return of the trouble. The other remedies were given in the third decimal dilution.—*Dr. Gorham in Medical Counselor.*

Death from Injection of Air.

At a recent meeting of the Chicago Medical Society Dr. E. B. Weston described an accident which happened when he was about to aspirate the knee joint in order to evacuate a collection of fluid. He said:

This time I used the aspirator, and an accident happened which I am quite sure will not occur to me again. Being ready to introduce the needle, I asked my friend, who was assisting — a most careful and intelligent physician — to exhaust the aspirator bottle. All being ready, I passed the needle into the tissues until the opening near the joint disappeared, when I requested my assistant to turn the stop-cock, and as he did so I thrust the needle into the cavity of the joint. I was startled by a shriek of pain, and I have rarely seen such an agonized expression on any face. The muscles of the leg instantly became rigid and prominent, and the joint increased in size, but no fluid appeared. Fortunately the probable cause of the trouble at once occurred to me. The bottle had not been exhausted, but filled with compressed air. The needle was withdrawn, the aspirator made ready and the fluid evacuated as intended. The air which had been driven into the joint bubbled out with the liquid. But the cellular tissue of the thigh contained air which could be felt for two weeks, by which time it had disappeared, leaving no ill effects. Apparently the joint was not injured by its forcible distension, though in four days it had become filled again, and I withdrew with the aspirator fluid of the same appearance as before. In just one week, the other knee having become similarly involved, and the joint cavity very full, I aspirated it. From this time he steadily improved and made a perfect recovery.

Dr. W. T. Belfield, in commenting on the case said:

The accident in the use of the aspirator reminds me of one of which I am personally aware as occurring in this city, and which had a more unfortunate termination than in Dr. Weston's case, where most of the air got into the tissue outside of the joint. In the case to which I refer the stop-cock was not turned until the needle had entered the joint, and in three minutes the patient was dead.

Fifty Years of Homœopathy.

The Homœopathic Medical Society of the State of Pennsylvania, at its recent meeting at Pittsburg, celebrated the fiftieth anniversary of the passage of homœopathy west of the Alleghanies. Dr. J. P. Dake, of Nashville, delivered the oration, which was an eloquent tribute to homœopathy and to Dr. Reichelm, its earliest exponent in Pittsburg. We give to our readers the following extracts from Dr. Dake's speech:

As already intimated, the greatest help to the spread and intrenchment of homœopathy in the confidence of the people in the West, as in most other parts of the civilized world at one time or another, was the prevalence of Asiatic cholera in the years 1849, 1850, 1854, 1866 and 1873.

In a form of disease so well marked, and so destructive of human life, when allowed to take its own way unchecked by therapeutic measures, an opportunity was given for the trial of curative and preventive means, and a comparison of the results. In this city, and in Cincinnati, and in all the cities where cases received homœopathic treatment, the superiority of the new method was most plainly demonstrated.

At no point was this fact disputed except at Cincinnati, where a partisan editor questioned the truthfulness of the reports of cases treated and cured by Drs. Pulte and Ehrmann.

Taking the lists furnished by those gentlemen, an inquiry was instituted from house to house, by a non-medical committee, which fully confirmed the homœopathic claims and caused them to be more widely published and to become more convincing than they could otherwise have been.

* *

Gradually the negative good, the fact that more patients with pneumonia, pleurisy, scarlet fever, Asiatic cholera and yellow fever, recovered without bleeding, salivation, blistering or purging, under the mild measures of homœopathy, led the people to doubt the efficacy and then the safety of the old practice.

* *

Our societies and our journals are yet open to the expression of any views, couched in proper terms, from any thinker and any practitioner, be he allopath or homœopath, and when the same freedom and courtesy shall characterize the societies and journals of the old school, then it will do to talk about the dropping of all distinctive titles and all appearances of a separate school.

* *

Such thoughts bring us to consider the medical field now, as compared with fifty years ago, and to cast our minds forward to fancy the changes yet to come. In 1837 Reichhelm was the only representative practitioner of the new school west of the Alleghanies, while the year 1887 finds more than five thousand of such practitioners. In any city and town of any importance they are seen to-day, surrounded by clients in all the higher walks of life. A goodly number of colleges have come into existence, and are annually sending out scores of well qualified homœopathic physicians in the Western field.

* *

I must be excused, on this occasion, for some personal references and some expressions of local

pride, for it was here I spent years with Reichhelm, first as pupil and then as partner, and finally as successor; and here that I had around me, as students, many bright young men, some of whom have been leading spirits and chief factors in founding and managing the hospital of which I have so proudly spoken. Some of those young men I now see around me—but how changed! The labors of two and three decades, exposure to summer's heat and winter's cold, loss of sleep and harrowing cares have thinned their locks and turned them gray, and laid many a line of earnest thought on brow and cheek. I am happy, successors, associates and students mine, again to be among you, and especially to join with you in celebrating the event that has given occupation and field and fortune to you and me and a most beneficent mode of healing to the great regions of our county lying west of the Alleghany Mountains.

Drs. Wm. Todd Helmuth, J. W. Dowling, A. R. Thomas, J. C. Bergher and Dr. S. Lilienthal also made addresses. The meeting was well attended, and marked an era in the history of homœopathy in Pennsylvania and the West.

NEWS FROM THE COLLEGES.

WHAT THE PROFESSORS ARE SAYING.

Ann Arbor.

UNIVERSITY OF MICHIGAN.

The Department opens with encouraging prospects for the school year. A slight advance in the number of the students in attendance, a full faculty in good working order and plenty of clinical material are the chief items of interest.

Prof. Obetz, in discussing the subject of "Anæsthesia and Anæsthetics" said: *Partial* anæsthesia is useful for diagnostic purposes; *full* anæsthesia is the proper condition for operating; *profound* anæsthesia is a point beyond *full* anæsthesia, indicated by sonorous breathing; by crowding the anæsthetic beyond this point death may easily be brought on.

By touching the eye-ball with a finger you can find out the degree of sensibility up to the point of full anæsthesia and to the border of profound anæsthesia. Do this to determine when to begin to operate.

Be perfectly cool and confident while administering an anæsthetic.

Select your anæsthetic to fit the case in hand.

Chloroform is the best for quickly producing insensibility. The dangers in its administration are exaggerated. However, it would be difficult to defend its use, because of the attitude of the authorities upon the subject; the majority advising the employment of ether and discouraging the use of chloroform.

Never give chloroform to a patient while he is sitting up. Such an act could not be defended. The risk in giving it to a patient who is sitting in an ordinary dentist's-chair is out of all proportion to the compensation expected.

The quantity of chloroform makes all the difference in the world: Never take more than thirty drops, nor less than fifteen drops, for an adult, and give it *to the exclusion of air*. Air is the antidote to chloroform, and if you allow plenty of air you can wrestle with a patient half a day. For a child take five to ten drops, *exclude the air*, and in an instant it is under the influence: Now if anything happens you can make two or three artificial respirations and restoration is complete. But how would it be if the whole system be saturated with it?

Ether is the popular anæsthetic. Give it to the exclusion of air or nearly so. Have the patient take a full inspiration of ether, then allow some air to enter. Do not crowd the ether on the start for fear of suffocating your patient, but push it when the stage of excitement comes on.

The Prof. strongly condemns the indecision and timidity of anyone who, in administering the ether, prolongs the stage of excitement by allowing air to get under the apparatus.

The cries and struggles of the period of excitement are often taken for the death agonies by timid physicians.

Give about two ounces of whisky or brandy to a patient before administering ether for a long operation.

Whisky never will be in general use; but it has advantages. By using it we avoid the period of shock, and have no vomiting. It is the best for long operations, and especially about the face. Give one ounce every five to ten minutes. If for a long operation give not less than twelve ounces nor more than sixteen, ending up with a few whiffs of ether to put the patient to sleep. An equal part of warm water with each dose of the whisky aids the absorption very much.

Upon the subject of hemorrhage Dr. Obetz said: By position, pressure and exposure to air, you can stop almost any capillary hemor-

rhage. Don't get frightened and apply the cautery before other means have failed. Hot water is a good styptic.

Prof. Wood said: Acute inflammation of the surrounding structures contraindicates an operation upon the cervix. There is a rule that whenever pain is caused by sweeping the finger around the cervix an operation should be postponed; but this rule is too stringent. A better guide would be the movability of the organ; if it can be dragged down to the vaginal orifice, without causing pain or any rise of temperature, an operation may safely be done.

Dr. Vaughan gave the class in urinary analysis a few practical thoughts recently, two of which I will quote: In every case of incontinence of urine in an adult pass the catheter. Young doctors, in trying to pass the catheter should forget all the anatomy of the parts; the first time you pass it do so with all gentleness.

Prof. Arndt said that if there was anything in the world that could have crushed homœopathy and defeated the followers of Hahnemann it was that very theory of dynamization.

Always give the smallest dose capable of curing.

To a person of sensitive temperament, all other things being equal, give the higher attenuations.

The rule advising you to retain your higher attenuations for chronic cases is an entirely false rule. You can do as well with your lower attenuations in treating chronic diseases.

Do not never change the remedy unless a change of symptoms has occurred.

Do not alternate remedies.

Adapt the dose to the purpose in view.

Avoid extremes and avoid an extremist as you would the itch; you might catch it.

Never use fluxion potencies. There is no certainty as to their strength or reliability. It is a piece of sublime nonsense to advocate their employment.

Chicago.

CHICAGO HOMŒOPATHIC MEDICAL.

Prof. Mitchell recommends Hepar sulph. for chronic rhinitis, when the patient has had successive attacks, the disease being unilateral, with painful turbinated bone.

For frontal headache in acute rhinitis, give Belladonna; in chronic, give Nux vomica.

As a local spray in rhinitis, use Pinus Canadensis, fl. ext., one drachm to an ounce of water.

For ozæna the best local application is Dobell's solution.

For phagedenic sore throat, give Lachesis and Arsenicum.

For syphilitic pharyngitis, apply locally, with soft camel's-hair brush, comp. tr. Benzoin.

Prof. A. G. Beebe says: I have had just as good results in dressing wounds with Prince's Lotion as those who use all the Listerian paraphernalia.

To correct the cancerous dyscrasia, give one drop of Carbolic acid four times a day, in glycerine or water; continue for a long time. He never knew of a recurrence of cancer when the treatment was continued long enough, say from one to two years.

The best felon abortive I know of is *boiling the finger*. Put the finger in warm water, and gradually heat the water until it can be endured no longer.

Prof. Pratt says: To prevent bed-sores use a mixture containing equal parts of Hydrastis, fl. ext. Hamamelis, and Glycerine; paint the part twice a day.

For chronic pyæmia use Declat's nascent Phenic acid. Seventy drops a day for two weeks, may be safely injected.

For an application in erysipelas, use Veratrum vir., tr., one drachm, syrup Acassiæ, one ounce: apply with camel's-hair brush. Paint all over the surface and a little beyond the affected area, then, while the surface is still moist, sift on a little flour. When dry, this coating can be readily removed with warm water. Repeat three or four times a day. This treatment will often cut short cutaneous erysipelas.

Prof. Grosvenor's rules for nursing: For the first three months, every three hours in the day, once at night; after three months, every four hours in the day, and not at all at night. Advantages of this method: (1.) No colic; (2.) No vomiting; (3.) Two stools a day; (4.) It reduces the tendency to cholera infantum; (5.) When the baby cuts teeth the mother will not know it.

Prof. Tooker says: Do not wean a baby in hot weather.

For sore nipples, paint on the comp. tr. Benzoin; good both for the nipples, and for the mucous membrane of the child's mouth.

For suppression of milk from shock, apply the Faradic current over the breast. It makes no difference where you place the different poles.

San Francisco.

HAHNEMANN MEDICAL COLLEGE.

Prof. Bœricke closed his lecture on Secale by a few remarks on its physiological use in labor. He said: Ergot produces a contraction which is tetanic, maintaining the uterus in a constant state of spasm, therefore it is not the remedy for furthering labor given in physiological doses, for the reason that the one great characteristic of labor is the alternate relaxations and contractions, the very opposite of the result of the action of Secale, the use of which is therefore irrational while there is a fœtus, membrane, placenta or clot within the uterus. Its sphere of action comes in after the third stage of labor, when the uterus does not contract; when, on placing the hand on the abdomen the reassuring sensation of a normally contracted uterus is not felt, then Ergot in teaspoonful doses is permissible and rational practice — *when the uterus is absolutely empty, and not otherwise.*

In acute suppurative inflammation of the middle ear, Prof. French advises that the tympanum be punctured by a clean cut as soon as the drum-head is seen to bulge forward and to pulsate synchronously with the arterial pulse. The drum-head will heal in forty-eight hours after the incision.

The only condition under which Prof. Burdick considers the use of the tampon admissible in unavoidable hemorrhage is before the membranes have ruptured. The tampons to be preferred are sponges, as they allow the watery portion of the blood to percolate through, leaving the fibrine to form the clot.

Prof. Curtis has introduced the use of the small Japanese stoves or "Kairos," to take the place of moist or dry applications in local conditions requiring their use. Their great advantages are, first, their light weight, and second, the continuous heat which they give out for hours, thereby obviating the frequent changing so necessary in poultices with the attendant intervals of coldness and clamminess.

Prof. Lilienthal considers it good practice in herpes zoster to paint along the course of the nerve lightly with Cantharis, as it relieves the tension and assists in bringing out the eruption, but the use of the Faradic current in this trouble he does not recommend, as it is not only extremely painful to the patient but it might produce sclerosis and paralysis of the nerve.

Iowa City.

STATE UNIVERSITY.

In severe cases of metrorrhagia Prof. Cogswell says prompt relief is obtained by Caul. 1x to start muscular contraction of the uterus and follow it by drop doses of Erigeron Canadense 1x.

Prof. Cowperthwaite in his lecture on Apis emphasized its keynote by citing a case of œdema of the throat where patient was nearly suffocated. Apis 30x removed it in ten minutes.

The first surgical clinic in the Homœopathic Hospital was the removal of a large multilocular ovarian cyst by Prof. Gilchrist. The power of Aconite and Hypericum over fever and pain, respectively, has been well proven, as the temperature but once reached 1½° F. above normal and pulse 116. Since first day temperature ½° F. above and pulse 86. Patient is making a rapid recovery

A member of the class, in experimenting with bacteria found that boiling had no effect, as they showed greater activity after boiling than before. A shock of electricity, however, killed them promptly.

Boston.

UNIVERSITY SCHOOL OF MEDICINE. — The school opens with the largest class ever entered, among the members being a Sioux Indian, a Negro from the Barbadoes and a goodly number of the fair sex from the United States. Interest is at the boiling point, and prospects a little higher.

Cleveland.

HOMŒOPATHIC HOSPITAL COLLEGE. — The College opened Sept. 28th, with an unusually good class, 60 per cent of the members being registered for three years. There are increased facilities for laboratory work in the line of physiology, chemistry and histology, and nothing is neglected which will give to the student a thorough medical education.

Cincinnati.

Pulte College. — The sixteenth annual session opened Sept. 28th, with a good attendance of students, and every indication of a profitable and interesting course. The dean made the opening address, and was followed by the new professor of gynecology, and the other members of the faculty. Pulte is the field for practical work, and sends greetings to her sister colleges.

Philadelphia.

Hahnemann Medical College.—The course opened Oct. 3rd, with an introductory lecture by Prof. C. M. Thomas, M. D.

Dr. J. N. Mitchell has been appointed to fill the vacancy caused by the resignation of Prof. O. B. Gause from the chair of Obstetrics. The new college and dispensary buildings are handsome and comfortable, and well adapted to the needs of the school, which never was so flourishing as at present.

CORRESPONDENCE.

Our Report.

The following very kind letter has been received from a valued correspondent. It is encouraging to receive such expressions from our readers, for in this way we learn that our efforts are not misdirected. If others have anything to say, we hope that they will not, out of consideration for our feelings, hesitate to express themselves freely.

Concord, Mass., Oct., 8th, 1887.

To the Medical Era:—

I cannot refrain from saying to you how much pleasure and profit I derived from your report of the Congress, in the last Medical Era. I had already waded through the report of the *Record*, but there was so much irrelevant matter that one forgot the gist in the reading. You gave your readers the pith, and left the bark to take care of itself. Thanking you again for your method of saving a physician's time, I am,

Your obedient servant.

Dr. Taylor.

It Didn't Work.

We gladly give space to the following letter from Dr. Mitchell, of Ripon, Wis. If physicians would more frequently report their failures, as they are fond of doing their successes, it would enable others to put a just estimate upon the value of many measures.

To the Medical Era:—

Seeing a report in your valuable journal of the success of Theine in certain neuralgias, I wish to give your readers the results of my experience. I procured Merk's preparation of Theine. Soon I had a case of severe sciatic neuralgia. I made a solution with some difficulty; strength, etc., as directed in your article, and used it faithfully, injecting it deeply over the seat of the greatest pain once a day for four or five days, with no benefit whatever.

Ripon, Wis. A. Mitchell, M. D.

MISCELLANY.

The Homœopathic Medical Society of the State of Kansas has sent out its preliminary circular. Dr. P. Diederich, of Wyandotte, is President, and Dr. J. T. Elliott is Secretary.

Have you an electric battery? If not, write to the Galvano-Faradic Mfg. Co., No. 400 4th Ave., New York City, and they will furnish you with everything you need in this line.

Oxygen Treatment.—Every physician can now have the Oxygen Treatment in his own office, at slight expense and no trouble. See the advertisement of Dr. DeSouchet, opposite page 344.

Dr. Sargent, of the Harvard College Gymnasium, will contribute to the November number of *Scribner's Magazine* a richly-illustrated article on the "Physical Characteristics of the Athlete."

Gas Enemata. — The truth about the gas treatment of phthisis is gradually being threshed out, and it begins to look as if the yield per acre was scarcely worth the trouble of harvesting. Dr. Bruen, in whose wards the method has been most extensively tried, tells me that in about 100 cases two or three only have been benefited. A majority of the patients who at first did so well have relapsed while under treatment, and are as bad as before its use. At the University Hospital, Dr. Griffith has been making careful observations. The results are practically negative.—*Canada Med. and Surg. Journal.*

HOMŒOPATHIC League Tract No. 15, to the profession must be the most interesting one of the entire series. It is a criticisim of Dr. T. Lauder Brunton's preface to the last edition of his materia medica, wherein he makes the acknowledgement that "homœopathy is of partial application."

SPITZKA'S MANUAL OF INSANITY has been adopted as the standard text-book in the College of Physicians and Surgeons of New York, the College of Physicians and Surgeons of Baltimore, the Rush Medical College of Chicago, the College of Physicians and Surgeons of St. Louis, and the Medico-Chirurgical College of Philadelphia.

OTIS CLAPP & SON'S Physician's Visiting List and Prescription Record contains tables for ready reference and much useful information. The paper, typography and binding are superior in quality, being bound in flexible back binding and gilt edges, with pocket and pencil. Price, for 30 patients, $1.00; for 60 patients, $1.25.

Mark Twain always calls for hash when breakfasting at a strange hotel, because he then knows just what he is eating. But the hash of traditional medicine has in it no such recommendation for the scientific physician. If he takes it, he does not know what he is eating. And the scientific physician is the one who does and must know.—*Foster.*

JOURNAL OF MORPHOLOGY. — Ginn & Co., publishers, are about to issue a journal with the above title, edited by P. O. Whitman, Director of the Lake Laboratory, Milwaukee. It will make zoological literature more accessible than it has been heretofore, and be a great aid to the student in this branch of science. The opening number will contain seven double lithographic plates, and one heliotype.

THE MEDICAL INSTITUTE, the Journal published by the students of the Hahnemann Medical College of Philadelphia, has made its October visit, bright and sparkling as ever — yes, rather more so. As the fellow said: "There are only three kinds of wine, anyhow, whisky, beer and champagne." So there are really only three journals worth mentioning—*The Medical Institute*, THE MEDICAL ERA, and the ———.

OUR esteemed contemporary, Dr. C. E. Fisher, has returned from a vacation in California very much rejuvenated, we judge, for he has turned out one of the liveliest numbers of his exceedingly lively journal. The homœopathic physicians of the South — and the North — will make a mistake if they do not give him the support that he deserves. Long life to Fisher and his journal!

A NEW SUBSCRIBER sends to THE MEDICAL ERA, and accompanies his remittance by these words:

Having been reading THE MEDICAL ERA, let me say I like its general appearance, its cleanliness, its brief, practical articles, its sound homœopathy with crankiness eliminated, its vigorous, thoughtful, plain-spoken editorials. Taking it all in all, it covers my symptoms admirably, so I send you draft for $2.00 for twelve monthly doses. Let the October dose be administered at your earliest.

THE OXYGEN TREATMENT. — The time has come when enterprising and progressive practitioners are rapidly taking the "Oxygen Treatment" out of the domain of charlatanry and placing it on a scientific and rational basis. It has proved itself an invaluable adjunct to the treatment of many diseases heretofore deemed quite intractable. Physicians who permit their former prejudices to prevent its candid investigation are depriving their patrons of a most potent and agreeable remedy.—*Med. Progress.*

SUPPOSITORIES OF PEPTONE. — The *Pharmaceutical Record* states that German apothecaries prepare these suppositories with cacao butter, each containing twenty-five grains of peptone; they are mixed and kept cold to prevent the fat from becoming rancid.

In cases where patients cannot be nourished in the normal manner they serve an excellent purpose, fifteen grains of dried peptone equaling two and a half drachms of meat in nutritive value.

Children may be given one suppository four times daily; grown persons, two three times daily. The suppository should be lubricated with olive oil, and the rectum previously cleansed by an enema. — *Medical Register.*

Was there ever a college without a row? The San Francisco school has been through its baptism of ire, but, we are happy to state, it has come out unscathed and unharmed. We wish it henceforth abundant success and prosperity, now that a few malcontents have been given their quietus.

Boarding-School Mistress. — I presume you would like your daughter to become familiar with physics?

Anxious Mother. — Land sakes, no! She ain't never been sick a day in her life, but if anything should happen, both her pa and me prefer homopathy to allypathy, anyhow.

Slocum. — How is Brown getting on, Doctor? Is he any better?

Doctor. — O, Brown has been up and about for two weeks.

Slocum. — Then you don't have to see him any more?

Doctor. — Don't I? I went to his office three times to see him, yesterday and I'm on my way there now.

Chicago Citizen. — What's the matter Doc? In a hurry?

Chicago Doctor. — I should say so! I've got more than I can do.

Citizen. — Some epidemic?

Doctor. — No; people are getting back from the health resorts, and they are all sick.

City Boarder (to farmer). — This milk seems pretty poor.

Farmer. — The pastur' here ain't what it ought to be.

City Boarder. — That's strange. I should think your cows would give the best kind of milk, for I am sure I saw plenty of milkweed in the fields this morning.

$250 IN CASH. 3 Worcester's and 3 Webster's Dictionaries, worth $89, and 4 Dictionary Holders, worth $15.50, given as **PRIZES** for best essays answering the question "Why should I use a Dictionary Holder?" For full particulars, send to **La Verne W. Noyes,** 99 & 101 W. Monroe St., Chicago, the maker of Dictionary Holders. Or inquire at your Bookstore.

PERSONAL.

Dr. T. J. Merryman has removed from Champaign, Ill., to Nebraska City, Neb.

Dr. Howard Crutcher is in Louisville, Ky., where he will make a protracted stay.

Dr. Wm. Todd Helmuth read an original poem at the recent Pittsburg memorial meeting.

Dr. S. Lilienthal, of San Francisco, attended the recent anniversary meeting at Pittsburg.

Dr. J. O. Bates, formerly of Spring Lake, Mich., succeeds Dr. W. F. Green, at Miles City, Montana.

Dr. J. S. Mitchell has been invited to deliver the annual address before the Alumni Association of the New York Homœopathic Medical College.

Dr. M. J. Bliem's article on Sarcoma, which appeared in The Medical Era, has been translated into the Spanish, and published in the *Pacific Medical Record.*

Dr. J. P. Dake, of Nashville, delivered the oration at the Pittsburg meeting, celebrating the fiftieth anniversary of the passage of homœopathy west of the Alleghanies.

Dr. J. P. Sutherland, editor of the *New England Medical Gazette,* has taken rooms at 10 Park Square, Boston. Hours: 8:30 to 9:30 A. M., and 2 to 4 and 7 to 8 A. M.

Dr. Chas. Dake, on his way to his home at Hot Springs, stopped in Chicago. We have also to acknowledge calls from Dr. D. H. Lilley, of Butler, Ind., and Dr. C. R. Treat, of Wisconsin.

The following cards will explain the whereabouts of a physician who has many friends in Chicago, all of whom will be glad to learn of his complete restoration to health.

As it is my intention to leave the Kingdom, Dr. F. R. Day, formerly of Chicago, Ill., will take my practice after October 1st.

Respectfully Yours,

G. H. Martin, M. D.

Honolulu, Sept. 25, 1887.

Dr. Francis R. Day, Cor. Fort and Beretania Sts., Honolulu.

Office Hours, 8 to 9 A. M; 1 to 3 and 7 to 8 P. M.

BOOK REVIEWS.

How We Treat Wounds To-day. — A Treatise on the Subject of Antiseptic Surgery Which Can Be Understood by Beginners. By Robert T. Morris, M. D. Third and Revised Edition. New York and London: G. P. Putnam's Sons. 1887.

This book is decidedly unique.

It is also practical, in the highest sense.

With it, a beginner can readily gain a very good knowledge of antiseptic surgery.

Without it, he will make many mistakes which he might be spared by reading it.

It tells everything that the surgeon wants to know about antisepsis.

The instruction is given, moreover, in a very entertaining style.

And, it may be added, in a very peculiar style.

We advise every physician who expects ever to have a wound to treat, to get a copy.

After getting it, he will read it — no trouble about that.

Insanity: Its Classification, Diagnosis and Treatment. A Manual for Students and Practitioners of Medicine. By E. C. Spitzka, M. D., President of the New York Neurological Society. New York: Second Edition. E. B. Treat, 771 Broadway. 1887. ($2.75.)

In his preface the author says—

Any attempt to reconcile the medical with the legal view of mental disorder, with its varying and inherently inconsistent definitions, is doomed to failure. As the author has always held the province of the physician in medico-legal cases to be that of an adviser and not of an advocate, so he believes that a treatise on mental disease ceases to be a medical work as soon as it enters the domain of jurisprudence in its present attitude.

In accordance with this view of his subject, Dr. Spitzka has written a *medical work on mental diseases*, one which, as announced on the title page, is a manual for students and practitioners. The book is divided into three parts — I. The General Characters and the Classification of Insanity; II. The Special Forms of Insanity; III. Insanity in its Practical Relations.

In a very able manner the author discusses the various forms of insanity, being particularly happy, we think, in his definitions, and classification. But, throughout, the treatment of the subject is clear, comprehensive and thorough. We know of no work on insanity from which the student and practitioner of medicine can get a better knowledge of the subject, than from Dr. Spitzka's excellent treatise.

American Medicinal Plants. An Illustrated and Descriptive Guide to the American Plants used as Homœopathic Remedies, their History, Preparation, Chemistry, and Physiological Effects. By Charles F. Millspaugh, M. D. Illustrated by the Author. Bœricke & Tafel, New York and Philadelphia. Fascicle VI.

Dr. Millspaugh should be proud of the work he has done, which is completed with this Fireside. He deserves the gratitude of the profession, and his publishers come in for part of the credit. We have spoken so fully of this work heretofore, that it is sufficient now to advise every one who can do so to purchase it, for it should be a companion to the homœopathic materia medica in the hands of every physician.

On the Pathology and Treatment of Gonorrhœa and Spermatorrhœa. By J. L. Milton. Senior Surgeon to St. John's Hospital for Diseases of the Skin, London. Octavo, 484 pages. Illustrated. Price, bound in extra muslin, $4.00. New York: William Wood & Company. (Chicago: W. T. Keener.)

This is a handsome book of 474 pages, and the mechanical execution is very creditable to the publishers. But its contents cannot be looked upon so favorably. The author is emphatic to the point of dogmatism. Moreover, he is too verbose. He should have given what he has, in one half the number of pages. There are, it is true, many good points in the book, but they are widely scattered.

The author's advice to sufferers from nocturnal emissions — to wear a spiked collar about the offending member, secured by a pad-lock, the key of which is to be tied by a bright colored ribbon — borders on the ridiculous.

While the work has many merits, yet it alone cannot be relied upon as a guide.

How to Study Materia Medica. Three Lectures, by C. Wesselhoeft, M.D., Professor of Pathology and Therapeutics in Boston University School of Medicine. Boston: Otis Clapp & Son, 1887.

To say that materia medica is more difficult than other branches of medical science has grown into an ill-founded tradition. But I am convinced that when you have learned to properly arrange your subject, you will delight in materia medica as being easy of acquisition.

Following these words, our learned author goes on to recommend a plan of study which will appeal to the intelligence of every homœopathic physician. He would have the student begin by making short experiments in drug-testing, after which he should resort to the books for further knowledge.

But the lectures must be read in order to be appreciated, and we can assure the reader that they are well worth his earnest attention. Let every homœopathic physician adopt the plan which Dr. Wesselhoeft here recommends, and all will soon be surprised to know how readily he will acquire an increase of knowledge of this important branch of medicine.

A Text-Book of Organic Materia Medica. Comprising a Description of the Vegetable and Animal Drugs of the British Pharmacopœia, with other Non-officinal Medicines, Arranged Systematically and Especially Designed for the Use of Students. By Robert Bentley, M.R.C.S. Eng., F.L.S. Fellow of King's College, London. With many illustrations on wood. London and New York: Longmans, Green & Co., 1887. ($2.50.)

The author states in his preface that this book is "for the use of students during their apprenticeship, and as a text-book for them when attending courses of lectures, and as a preparation for their examinations."

It is a nicely printed and well-bound volume of 415 pages, profusely illustrated. In it the student will find a description of the general characters, habitat, collection, principal constituents, adulteration, officinal preparation, etc., of almost, if not quite, every organic drug in the materia medica. In gaining a knowledge of the physical characteristics, and the general history of the *materia*, the book will be found of great service. It is the favorite work on the subject in England, and should have a wide sale in this country.

Drugs and Medicines of North America. No. 5, vol. II. J. U. & G. C. Lloyd, Cincinnati. ($1 per year.)

This number is of equal interest with the former one. It shows the same extensive research into the history and chemistry of the drugs, Erecthites and Caulophyllum. The therapeutics is well worked up, but curiously, the allopathic school is not represented in either drug to any extent. On page 154 it is plainly stated that "Prof. Eue. Sattler intended writing the uses and history (of Caulophyllum) for our publication, but found the drug had no record," (in the old school.) The contributors to this number are Profs. King, Scudder, Hale, Bartholow and Reamy.

The Century for November sustains its high reputation both as a literary journal and an art publication.

St. Nicholas for November, edited by Mary Mapes Dodge, is the favorite with the little folks, being the most popular magazine of its kind now published.

Practitioner's Guide to Urinary Analysis. This work, by Prof. Clifford Mitchell, M. D., has been enlarged and thoroughly revised, and is now, without doubt, the best work on the subject that is to be had. The sale has been very great, and all who have used it are greatly pleased with it. The second edition is now ready.

An examination of *The Illustrated London News* (American reprint) for Oct. 22nd, will show the English view of the trial yacht race. Illustrations in connection with the State of Ireland. Our Homeless Poor in St. James' Park at Mid Day, the British Mission to Morocco, and Sketches on the River Congo. A Sleeping Beauty represents a handsome tiger at rest, while Christening Sunday presents infancy surrounded by admirers. The price of the number being only ten cents places it within the reach of all. Every newsdealer has it. The office of the publication is in the Potter Building, New York City.

A Bargain.—The library of the late Dr. F. H. Newman, consisting of many valuable books, is in the hands of Gross & Delbridge, for sale. Those wanting books should make inquiry.

Two Pitiful Cases.

Two bruised and battered patients lay side by side in a hospital ward.

"I'm a base-ball umpire," said one. "Who are you?"

"I was one of the judges at a baby-show," said the other; and then the doctor came, and gave each of them a hypodermic injection of morphine.

INDIGNANT PEDESTRIAN.—Madam, your boy has just thrown a stone at me, causing a wound that is very painful. What are you going to do about it?"

MOTHER.—I don't know. Have you tried arnica?

CORONER.—Your brother, I hear, has been drowned in the river?

UNCLE JO.—Yes, I spec' he has. Ben mighty low sperruted lately.

CORONER.—Can you describe him so that his body can be identified when found?

UNCLE JO.—Yes, sah; dat's easy enuff! He wah deef an' dumb eva sence he wah bo'n.

"I SEE that a post-mortem examination is often made in murder cases. What does a post-mortem examination mean?" asked a young wife of her better half. "A post-mortem examination, my dear, is intended to allow the victim to state, verbally, his own testimony against his assailant, and is taken down in writing." "Thanks, darling; and you won't look down on me, will you, because I haven't your education?" He said he wouldn't.—*Med. World.*

VISITOR (to Flossie): "And how is the baby to-day, Flossie?"

FLOSSIE: "The doctor told mamma baby's a little better."

"Then he is not much better?"

"No, ma'am. He couldn't be very much better, you know, because he is such a little bit of a baby."

FOR SALE.—Practice of $3,000 per year, 10 room house and office, horse, buggy, cutter, etc. Price, $4,500. $2,000 down, balance as desired. Address: T. M. Young, M. D., 2013 N. Irving Av., Minneapolis, Minn.

Medical students can have THE MEDICAL ERA for one dollar per year.

"Have given Tongaline a fair trial in many cases of neuralgia and rheumatism, and find it the only reliable remedy for these complaints."—*Drs. Terry & Keithly, Milford, Mo.*

PROF. STUTZER SAYS: "When the formation of flesh and blood is to be promoted and vigor infused into a patient, Beef Peptonoids for this purpose stands first and foremost amongst all the preparations I have examined."

VISITING LIST.—Lindsay and Blakiston's Physician's Visiting List, for 1888, is now in the market, reminding one of the near approach of another year. Besides being a convenient record book, it has many other features to recommend it.

DR. JOHN TANNER, of London, says: "I am fully convinced that there is no other preparation that contains such nutritive properties for the rapid production of healthy structure in the child as Mellin's Food. I therefore always recommend it in preference to any other kind of diet."

THE usefulness of good Hypophosphites in pulmonary and strumous affections is generally agreed upon by the profession.

We commend to the notice of our readers the advertisement on page X of this number. "ROBINSON'S HYPOPHOSPHITES" is an elegant and uniformly active preparation; the presence in it of Quinine, Strychnine, Iron, etc., adding highly to its tonic value.

A SPLENDID OPPORTUNITY.—Desiring to spend several months abroad preparatory to engaging in special practice in a large city, I will sell my present location and practice at a bargain. Austin is the Capital of Texas, and the prettiest city in the State. Her population is above 25,000 and growing. It is a city of wealth and cultivation, has good schools and churches, elegant residences and a hospitable people. My practice ranges from $8,000, to $11,000, per annum, 85 per cent collectible. The right man can materially increase the business. Only a thoroughly qualified practitioner of experience and good standing need apply. $2,500 will buy if application is made at once. C. E. FISHER, M. D.

THEY SAY

THAT no man liveth to himself.

THAT too many of us are mere "accidents."

THAT Dr. Morrell Mackenzie has been knighted.

THAT there may be recurrent syphilitic bubo.

THAT "saccharine," the new sweetener, is an acid.

THAT the Empress Josephine died of diphtheria.

THAT a fruit-peddler never resorts to legal measures.

THAT diphtheria prevails in places remote from sewers.

THAT diphtheria follows the lines of railroads and steamers.

THAT a man who sells porous-plasters is in a hole-sale business.

THAT Pasteur has been made a Baron by the Emperor of Austria.

THAT it is now possible to gain primary union in almost all wounds.

THAT there is one divorce to about every twenty-five marriages.

THAT the latest scheme is to cremate the body by the use of electricity.

THAT preputial dilatation promises to take the place of circumcision.

THAT the os sacrum covers more of the seat of insanity, than the os frontis.

THAT electrical currents are present in the gray matter of the convolutions.

THAT "first, we should make men better; second, we should make better men."

THAT most children born into the world are "pilgrims and strangers, sure enough!"

THAT it takes the tusks of fifty thousand elephants a year to supply ivory for piano keys.

THAT red ants will never be found in closets or drawers if a small bag of sulphur is kept in them.

THAT by pressure on the supra-orbital notches one may differentiate between real and simulated stupor.

THAT death is sure to follow the howling of a dog. But we think it must depend upon what ails the dog.

THAT a new novel has been announced with the title, "All But;" it must be the life history of a billy-goat.

THAT a century ago there was a native population of 400,000 in the Hawaiian islands; now there are only 40,000.

THAT twenty-seven soldiers in a Russian regiment have been attacked by trichiniasis from eating raw pork.

THAT *anastomosis* applied to nerves and tissue is incorrect, and should be in its use confined to blood vessels.

THAT if it is true that the receiver is as bad as the thief, what's the use of appointing one for a "busted" bank.

THAT the old treatment of rheumatism was Dover's powders and six weeks; it is now aconite and six days.

THAT if you see a small boy chasing a bumble-bee, when you hear him yell you may know that he has caught it.

THAT a little boy was seen going down a lane with a basket of green apples singing, "Nearer, my God, to thee."

THAT women who have had the uterus and its appendages removed suffer from periodical congestive headaches.

THAT a nutrient suppository weighing two drachms is equal in nutritive value to three ounces of beef-tea.

THAT a Chinaman spoke all the English language that he knew the other day, and he was fined $5 for profanity.

THAT there's plenty of room at the top, but the fellows up there think themselves so big that it is hard to find standing-room.

THAT colorless iodine is made of equal parts of tincture of iodine, aqua ammoniæ, and four drops carbolic acid to the ounce.

THAT the flow of urine is not so much dependent on the blood pressure as on the rate of flow of the blood in the renal-vessels.

THAT parents are apt to feel proud of their children's good traits, and wonder where in thunder they got their bad ones.

THAT one-fourth of the people in New York and Boston receive free medical treatment at the numerous clinics and dispensaries.

THAT Dr. Nekewich, of Poland, lately died at the age of 109 years; a quarter of an hour before his death he saw and prescribed for a patient.

THAT drinking-water should not be kept in galvanized iron pails; the zinc coating is affected by the water, forming a poisonous oxide of zinc.

THAT a person with a weak heart should never go swimming; but many people don't know that they have weak hearts until they go swimming. What's to be done about it?

THAT it is far better for a young child to have a puppy than a kitten to play with, for a boy and a kitten will grow up into a molly-coddle and a cat, while a boy and a puppy will grow up into a man and a dog.

THAT the English Commission said: It may be deemed certain that M. Pasteur has discovered a method of protection against rabies comparable with that which vaccination affords against infection from small-pox.

THAT fresh saw-dust treated with a solution of sublimate, and dried before using, makes an excellent dressing for wounds. It forms a comfortable cushion, does not cake, is absorbent, and favors the desiccation of the discharge.

THAT if a woman, while pregnant, sees a bow-legged flea, with a wart on its left knee, the child will be a male; if the wart is on the right knee, a female. In case the flea is cross-eyed and wears false teeth, these indications are reversed.

THE MEDICAL ERA.

CHICAGO, DECEMBER, 1887.

JAMES E. GROSS, M.D. } *Editors.*
CH. GATCHELL, M.D. }

BESOIN DE RESPIRER.

Chicago has had its tragedy. Four men have suffered judicial death. The hangman's rope encircled their necks, the trap was sprung, respiration ceased, the carotids were compressed, and the circulation of the brain became stagnant. Partly as a result of the apnœa, but also as a result of the stoppage of the brain circulation, in a few moments their hearts ceased to beat, and Chicago completed another chapter of her eventful history.

But the fifth malefactor cheated the gallows. By the use of a small dynamite bomb exploded while held between his teeth, he created a large wound in the side of his face, involving the superior and inferior maxillaries, a part of his tongue, and the surrounding structures. Thus fearfully mangled and lacerated, but conscious throughout, he lingered in agony for hours. Finally he died, from hemorrhage and shock.

To the superstitious there would seem to be a retributive justice in the fact that this man suffered the tortures that he had been instrumental in meting out to others.

But his death emphasized another fact. However stoical one may be in health, on a bed of sickness all are children. Although this man, prior to his desperate act, was bold, defiant and courageous, and sought his own destruction, as soon as pain and suffering placed him in the physician's care, he exhibited the apprehensions common to the race. In answer to a sign on his part he was provided with pencil and paper. He wrote: "Lift me up; I can't breathe."

In life he courted death; dying, he begged for the breath of life. Thus did Nature assert itself.

A VERY SMALL HOLE.

It was the *Medical Record* that first called attention to the disparity in the rate of mortality in the "traditional" and the homœopathic departments of Cook County Hospital, showing a difference in favor of the latter.

It was Dr. M. J. Bliem who wrote to the *Medical Record* stating that the assignment of patients was made by the members of the "traditional" school, thus precluding the possibility of any discrimination in favor of the hated homœopathists.

It was the *Medical Record* that retorted by saying that it required a childlike faith on the part of Dr. Bliem to suppose that the physicians making the assignment of cases permitted themselves to be governed by principles of "justice and discretion" in the performance of their duties.

This is the first instance, we think, in which the so-called "regulars," in their attempts to explain away the greater success of homœopathic treatment, have been driven to the extremity of doing so by impeaching the integrity of the members of their own school!

Our friends, the enemy, are welcome to all the satisfaction they can extract from such specious claims. When a man is in a tight

place it is sometimes necessary for him to squirm in a pretty lively manner in order to extricate himself, but recommend us to the *Medical Record* when it comes to crawling out of a hole about the size of this ☞ ?

"A LOT OF DEVILS."

Commissioner Stewart said there were scenes at the clinical rooms in the hospital which were horrifying. "I was up there the other day, and saw a lot of doctors standing around a poor, quivering, writhing victim, and lecturing on his wounds to a lot of devils who had no sympathy in them. I tell you it aroused all my sympathies, and we ought to prevent these butcheries."—*Chicago Tribune.*

It is not, perhaps, to be wondered at that the laity should view a surgical clinic with feelings akin to horror. But this is no fault of the surgeon. The sight of open wounds is one from which mankind naturally shrinks. Suffering on the part of the lower animals is a pitiable sight, but how much more should our sympathies be aroused by the sight of the mutilation of a fellow being!

But the honorable Commissioner, permit us to say, takes a wrong view of the matter. No "butchery" was being performed: a skilful surgeon was performing a necessary operation. No "devils" were looking on: a class of medical students were viewing the operation for the purpose of gaining knowledge which should enable them to repeat it, should occasion ever demand. This is a necessary part of a medical education. Without it, human beings might die for the want of a skilful surgeon. Even the honorable Commissioner himself might, as the result of accident, require surgical aid which one of these very "devils" would be called upon to render; and, but for the knowledge gained at the clinic, the "devil" might fail in his skill, and the Commissioner's life be lost.

Nor is the question one of the amount of sympathy to be exhibited — it is simply one of skill. If the surgeon on the battle-field, at a Haymarket massacre, or even in the operating room, were to give way to his sympathies, he would be unfitted for his duties. He must be made of sterner stuff. It would be out of place even for the students in the seats to make any demonstration indicative of emotion. How should it be done? By the use of their handkerchiefs, or by audible groans? Surely anything of the kind would be very much out of place.

The suffering and wounded should be left to the care of the physician and the surgeon, and he who is best schooled in command of his emotions will render the best service.

A GRAVE PROGNOSIS.

Whatever is done with the Crown Prince, the feeling in the highest quarters is against further reliance on Dr. Mackenzie. It will be an unavailing and poignant source of regret to all Germany that while the German specialists diagnosed the cancerous character of the growth at the outset of the Prince's illness, the treatment of the case was committed to Dr. Mackenzie.—*Cable Despatch.*

A few months ago Dr. Mackenzie was the cynosure of all eyes, and the envy of all his professional brethren. One of the most conspicuous figures in all Europe, the heir-apparent to the German throne, was in need of skilful medical treatment. The case was one of unusual interest, and of possible danger.

A choice of physicians had to be made. All the great specialists in the Prince's own country — men of world-wide renown, and of distinguished ability — were passed by and the preference was given to Dr. Morell Mackenzie, of England.

Why did the Crown Prince and the German Court show such partiality for the English physician?

The answer is easy: Of all who were called in consultation at the outset, Dr. Mackenzie gave the most favorable opinion and prognosis.

It is not alone a Prince of the realm who chooses as his physician the man who promises most, but it is a universal trait of mankind.

A grave view of a case is never the welcome one, and the opinion prevails on the part of the people that a doctor's treatment will be made to confirm his prognosis.

It is the charlatan, who promises a cure in every case, whose office is crowded with incurables.

Dr. Mackenzie was no doubt sincere in his belief, but he was mistaken. In private practice mistakes can often be buried, but when the eyes of the world are looking on they assume a magnitude which no shroud will cover.

A SLIGHT MISTAKE.

It was at the very commencement of this century, in July, 1800, that Dr. Waterhouse, of Boston, performed the first vaccination in this country, on one of his children.—*N. Y. Medical Record.*

We beg leave to inform our esteemed contemporary that "July, 1800," was not in this century at all. It was in the latter part of the XVIII. century, about six months before the beginning of the present century. With this correction the statement will stand.

The natives of the Hawaiian islands were destroyed by the introduction of epidemics of scarlatina, rubeola, pertussis, influenza and variola, slaughtering thousands; and the native population, which a century ago had been estimated at four hundred thousand, was reduced to forty thousand in 1884. The extraordinary mortality has been attributed to cachectic conditions, venereal disease, poverty, bad food, licentious and vicious indulgences, including ava-drinking, opium-smoking, and excess in intoxicating liquors. Later, leprosy was introduced by the immigration of the Chinese. This disease was spread rapidly by the good-nature, social tastes, and hospitality; no fear of the disease, eating from the same dish, and passing the pipe or ava-cup from mouth to mouth; cohabiting with infected persons, and promiscuous and compulsory vaccination.

XVII.

THE DOCTOR TALKS.

It was eight o'clock in the evening of November eleventh that I came upon the Doctor in a drug-store on one of the busiest streets of the North Side. He was reading a copy of an "extra" filled with pictures of gallows, and of men dangling at the ends of ropes.

"Doctor," said I, as he looked up, "what do you think of it?"

"Of what?"

"There is but one topic, to-day."

"The execution, you mean?"

"Yes."

"There is but one thing to think — it was inevitable! Man did not control it; it was controlled by forces which have been in operation since creation began, the same force that created man himself, and that has molded society. It was a convulsion of nature. These men were instruments. That they became victims to these forces, was their misfortune. The execution was right, it was just, it had to be!"

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"Petitions for clemency poured in upon our Governor. He was importuned as man was never importuned before, to spare the lives of these men. Why was he not moved by these prayers? It was because a monster petition, a million-fold as great, had already been presented to him, asking that the law be permitted to take its course!"

"Why, I heard of no such petition."

"You mistake. The whole world heard it! When the jury rendered its verdict of guilt, and the court pronounced the sentence of death, they represented the millions who compose organized society, not only in the State of Illinois, but in this country, and every other civilized nation where common law prevails. It was organized society demanding protection against the disintegrating forces which sought to destroy it. It was that in the abstract, and yet, specifically, no wrong was done, for the demand was not made until a specific act — actual murder — had been committed by those who have expiated their crime to-day.

"Thus, the petitions for clemency which went to our Chief Executive were signed by

thousands, but the verdict of last August was the verdict of millions!"

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"But it is a mistake to look upon these anarchistic agitators as prophets of a coming cause: they are the relics of forces which are almost spent. The convulsion of to-day was not the innocent spasm which sometimes attends the teething of healthy childhood; it was the death-throe of decrepit age. There is nothing more plainly indicated than that the victories of the future must be the victories of Peace."

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"But," exclaimed the Doctor, drawing a long breath, "I did not intend to preach a sermon, and I don't like sermonizers, especially when there are more interesting matters to be discussed. Now, there is one aspect of this subject concerning which but little has been said, and yet, one upon which I think that I can throw some light."

"What is that?" I asked.

"Come over here, and I'll tell you," said the Doctor.

***

We retired to a quiet corner, and he began:

"Louis Lingg cheated the gallows," said he. "But, of the many mysteries connected with the tragic drama in which he was chief actor, none has so puzzled the press and the people as the question, Where did he have his instrument of death secreted?

"Now, you know that four large dynamite bombs, made of sections of gas-pipe, were found secreted in the cell which he had occupied for several months. How he obtained possession of them is not known, but it is supposed that they were smuggled in to him by some of the numerous friends who visited him, or his companions, during the many weeks preceding the fatal day.

"As soon as the discovery of these bombs was made Lingg was taken from his cell, stripped, and his person and clothing closely examined. Finding nothing, he was dressed and placed in another cell, distant from the one which he had formerly occupied. Here he was closely watched by a guard, and he received no more visitors.

"And yet, notwithstanding all these precautions, the day preceding the one appointed for his execution this man blew the side of his face off by means of a dynamite bomb which he had obtained — no one knew how!"

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"But, to my mind, the solution of the supposed mystery should not be difficult.

"The bomb which the man used was a small, smooth, metallic object, about two inches in length, and no larger round than the joint of one's little finger. It was of the same character as the other bombs, only very much smaller — scarcely larger than one-half of an ordinary cigar.

"Now, you must recollect that from the first Lingg declared that he would never hang. This he repeated, even after the large bombs had been taken from him, after his person and clothing had been searched, and he had been removed to another cell. Hence, he knew that he had about him the instrument of death, and that he had it secreted where it would never be found.

"*He had it in his rectum!*"

***

"Doctor, you surprise me!" I exclaimed. "How can that be?"

"Easy enough! Think of it. That small, smooth, metallic object, he could have carried in his rectum for days without its causing any undue irritation, especially when you consider what a sedentary life he was leading. You know, well enough, that in conditions of constipation balls of impacted feces will remain in the rectum for a long time without producing undue discomfort. So it could have been with this small bomb. At each call of nature it could have been first removed, and afterwards re-inserted, in a manner which will suggest itself, and which needs no elaboration."

"But the bomb had a fuse in one end," I suggested, "that would have become moistened."

"Certainly it would," replied the Doctor, "if left exposed; but it was a very simple matter to have a metallic cap to be crowded on, and fit snugly over the fuse end of the bomb. Lingg was an expert in such contrivances. When he wanted to explode the bomb, all he had to do was to remove this cap and light the fuse, and, as Captain Bunsby would say, 'The point of the remark lies in the application of it.'"

"But no such cap was found in his cell, following the explosion," I suggested.

"Certainly not! He simply removed the cap and replaced it in that part of his anatomy where the bomb itself had reposed for so long a time. He would have an object, of course, in preserving his secret, so that his friends, in future — should any of them have occasion to do so — might employ the same method without fear of discovery. It was a secret, no doubt, possessed by those who compose the inner circles of anarchistic bands."

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"About the human body," continued the Doctor, "there is a safer place than the hair of the head in which a small object may be secreted, and if Louis Lingg had not had his bomb concealed in such a place as this, he would not have declared with so much confidence that he would never die on the gallows.

"In the future, no search of a prisoner will be complete which does not involve the administration of a rectal injection, or the passage of a rectal bougie.

"There are more pockets about a man than those in his trousers."

SELAH.

THE FUTURE OF MATERIA MEDICA.

By E. M. HALE, M.D.

[A lecture delivered to the class of the Chicago Homœopathic Medical College.]

ONE of the most fascinating of all historical studies is that of materia medica. Its origin is in the mists of antiquity. It is coeval with man. We can go farther, and assert that it had its origin with the animal world before man came upon the stage. It began when the first animal, feeling within his organism certain discomforts, which man calls sickness, ate some plant which stood near his lair, and soon after felt his discomforts leave him. Memory is a faculty of the lowest organism, and in this animal's brain was implanted a memory of the plant; and this memory became a hereditary trait. Perhaps primitive man inherited this trait, which enabled him to select from among the plants of his habitat the one which would remove his illness. It has been observed that among the most primitive races of mankind, certain plants or minerals are given to or resorted to by the sick. Such selection must be due to intuition, or legendary information. A primitive race may at first have selected a plant at random, for many diverse ailments, but on the principle of natural selection those only would be remembered as useful which gave relief, while others were rejected which were devoid of effect or proved injurious. Thus, by a series of experiments, primitive man built up an empirical materia medica.

By and by, when the human race had advanced a little in intelligence, the sick began to select experimentally. The wounded man naturally applied to his injury anything soft which was nearest at hand. If it irritated, he threw it away. If it soothed, he continued its use, remembered its appearance and habitat, and informed his neighbors of his experience with it. The primitive man when hungry, ate the plant or fruit which first came to hand. If it agreed with him, he knew it as a food. If it caused pain, vomiting or purging, he knew it as a poison. Then, as now, the worst poisons were considered the best medicines. When the man became ill, say with constipation, he remembered that a certain fruit once purged him. He found it and ate it. It purged him, and gave him relief. Such experience as this, millions of years ago, was the first knowledge the human race had of cathartics.

For untold ages an unwritten materia medica was slowly built up from the crudest experiments. The Greeks, when they emerged from barbarism, brought with them the knowledge that the *Achille millefolium* would arrest hemorrhage from wounds; that *Veratrum album* would powerfully purge the body, and the *Poppy* would cause sleep. Such facts as these are graven among the first records of a written or hieroglyphic language. Among the very oldest books of the Aryan races, the Sanscrit, Hebrew, Arabic, Egyptian and Greek, are those pertaining to the uses and effects of drugs. Materia medica existed before law, art, poetry or religion.

In the earliest ages no such thing as a knowledge of anatomy, physiology, pathology, or chemistry existed. And even when these sciences came to be studied, and partially understood, they did not shed much light on the action of drugs, or render less uncertain their use in disease. Turn over the musty pages of Hippocrates, Galen, Von Helmost, Dioscorides, Paracelsus, and others, down to the best of all, Pareira, and you will find nothing but theories and recom-

mendations based upon purely empirical data, handed down from primitive man.

Some few daring minds like Paracelsus and Van Stork, ventured to experiment on men and animals with drugs, but their efforts were frowned down as blasphemous. But how *could* such experiments be of value, before they had an accurate knowledge of anatomy and physiology?

By dint of importunity, some of the old physicians prevailed upon the governments to give criminals the choice of death by the axe or club, or being poisoned. Many chose poison, from which they had a chance to escape. In this way some valuable information was obtained. Some of our best symptoms of *Aconite* were obtained in this way, among the inhabitants of South Africa, the islands of the East Indies, and even in this country. The trial of criminals by "ordeal" was, and is even now, in vogue. A known virulent poison was given. If the suspected criminal survived he was innocent; if he died, he was guilty. But the recording of the symptoms of these unfortunates by educated physicians has given us a knowledge of many useful drugs. We owe to such customs our first knowledge of Nux vomica, Ignatia, Calabar bean, and many others. Travelers in new countries who have been poisoned by the natives, or eaten ignorantly of plants and fruits, have recorded their symptoms and sufferings, or written down the cures they have observed from these same poisons.

All such records have had their uses in the building up of materia medica.

Down to Hahnemann's time, which really marks the second era in the world's history of materia medica, that science was in a condition of apparently inextricable chaos. Thousands of great and brilliant minds had labored to evolve some law out of this chaos, but had failed utterly.

Who was Samuel Hahnemann, that he should dare attempt to solve the question, when others before him had failed? He was not a charlatan or an ignorant pretender. He was a graduate of the University of Leipsic, whose inaugural *thesis* on the "Helleborism of the Ancients" would confer lasting honor on any physician of this decade.

How did he happen to discover the law which was to bring something like order out of the chaotic materia medica? He did not *happen* to discover the law. Its discovery was the result of rational deduction, Baconian in its simplicity, and as true as the law of gravitation.

Hahnemann was translating Cullens' materia medica into German. He was struck with the singular, ingenious, but impractical theories of that author relating to the *modus operandi* of China (Cinchona, or Peruvian bark) in the cure of malarial fevers. Cullens' theories did not satisfy his analytical mind, and he resolved to investigate for himself. He would not rely upon its effects upon the sick; he would see what effect it would have on those in health. He gave it to some of his friends, his family, and took it himself. After a while, he observed that all had feverish paroxysms which resemble those caused by marsh miasm.

Here was his discovery. As great as that of Watt, of the power of steam; of Franklin, of electricity; of Morse, the telegraph; or, Edison, the telephone.

You know the rest. Hahnemann announced that a drug would cause on the healthy similar symptoms to those which it cured in the sick—*similia similibus curantur.*

In his enthusiasm he believed it was the only law of cure. Accordingly he subjected all the prominent drugs known to him to experimental trials, and found what we know to-day, namely: that if a drug will cure certain symptoms and conditions in the sick, it will surely cause such symptoms and conditions in the healthy.

This was a great advance on all theories of cure. The only advance made for centuries. But a science is not built up at once. It must be done step by step, each one marked by toil and experimentation.

At first Hahnemann gave the usual material doses in accordance with his *law*, but he soon found that it could not be done with safety. He could not give large doses of Belladonna to a child with scarlet fever, or a purgative dose to a man with diarrhœa, or an emetic dose to stop vomiting.

If he had acted as many of the old school do now, his discovery would have resulted in nothing. His keen, intuitive genius impelled him to try the effect of smaller doses. If these still aggravated the symptoms, he reduced them still further, till he found that they cured without aggravating. This was the next great step forward. Upon these two discoveries rests all the great renown which will render the name of Hahnemann immortal.

His useful discoveries end here. All else which he claimed can be dismissed as empty theorizing. The theory of the dynamic or spiritual power of drugs, so closely connected with his theory of high attenuations, can never redound to his credit.

Nearly all great discoverers end by being visionaries. They fail to appreciate that there is a limit to their mental intuitions.

Hahnemann's useful discoveries were as great as he could make them in his age. He was limited by his environment, just as Edison is by his.

In Hahnemann's time the knowledge of anatomy, physiology, chemistry and pathology, was in its infancy. His provings were limited because of this. His subjective symptoms were all on the outside of the body. Of the changes drugs made in the interior he knew nothing.

Why should he know? No one else knew anything of pathology. He cannot be blamed for what he *could* not know. Dissections were not allowed, as now, and vivisection of animals poisoned with drugs would not have given reliable indications. Believe me, Hahnemann did as much as any man of his time could possibly have done. The wonder is that he did so much! I have always contended that had he lived in the light of this decade, his discoveries into the true action of drugs would have exceeded that of any man now living.

I doubt if he ought to have rejected all other methods of drug action except that of *similarity of primary symptoms*. I believe if he had extended the law of similia to secondary symptoms, his success in founding a universal school would have been greater. But his fame is great enough as it is. With Hahnemann's two discoveries of the law of similia and the lessened dose, ends the second great era in the history of materia medica.

Then came a strange hiatus, namely: of blind, unreasoning bigotry and opposition on the side of the dominant school; and blind, self-satisfied belief on the side of the homœopathic school.

No real advance was made by either school for nearly half a century. Then the success of homœopathy in the treatment of disease finally aroused the old school to a sense of the insecurity of their old beliefs. Their best minds began to inquire: Are small doses always inert? Must medicine always be given by contraries? Must we go on bleeding, blistering, vomiting, purging and tearing down? Then they swayed to the other extreme. Then the "expectant" treatment was adopted. We will give no medicine unless in great exigencies. They tried this for a while, but found it did not satisfy the public. The public was not content to suffer pain and be watched till a cure or death came to their relief.

Then a middle course was adopted. The doses were reduced until they were comparatively harmless. They even gave Mercury for diarrhœa; Ipecac for vomiting, and Belladonna for headache; but they obstinately refused to admit that the law of *similia* had any truth. These similarly acting drugs cured by "*substitution.*" They were not homœopathic. Oh, no!

But this did not satisfy their best men. They would improve on Hahnemann's provings; they would institute physiological experiments on animals and men, on dead tissues and living tissues. They did so, and gained thousands of important facts, relating to the action of drugs, but how did they apply these facts? Herein lay their great mistake. They ignored Hahnemann's law of cure. They found that Aconite caused vasomotor spasm, febrile excitement, heart failure, and paralysis. But they did not reason therefrom that Aconite would cure these conditions. They only use it to reduce the abnormal force of the action of the heart and reduce the temperature. They think they are using it antipathically, but they are not.

They find that Ergot contracts the arterioles all over the body, in every organ, and they only use it to get this result. They will not see that its most important curative sphere is in the very conditions it causes! Besides, they use a dozen or two drugs which cause contraction of the arteries. What shall guide them to select one from the other? They ignore his provings, and are thus left to grope their way in the dark, when symptoms would guide them.

But these men are building better than they know. They are building a future materia medica, which will be a stately edifice, but the foundations will be the provings of Hahnemann.

The allopathic physician of half a century ago could no more understand the latest materia medica of his school than he could un-

derstand Hahnemann. What would Brunton's great work seem to him? Compare Brunton's to Cullen's! The former a mass of physiological experiments with all but known drugs. The latter full of empirical facts and theories, but few physiological experiments at most. With all their wealth of research, the followers of the school of Brunton can only utilize a portion of their wealth, so long as they ignore the law of *similia*. But while they do ignore it — I am sorry to add that they feloniously make use of it.

Brunton's and Ringer's works are full of homœopathic indications.

Meanwhile, what has the homœopathic school been doing? You who are before me, are mostly young. You are just entering the threshold of the medical world, and a glimpse of the condition of our school during the last twenty-five years may be interesting.

Down to the year 1860 the adherents of Hahnemann remained in a stationary state. They were content to practice with the few remedies Hahnemann proved, and were content with the use of infinitesimal doses. But a revolution was impending. Many new medicines were introduced. At first they were used on indications based on empirical data. Then they were subjected to careful provings. For ten or fifteen years the work of proving drugs went on vigorously. It was found that all the really valuable empirical indications were verified to be curative, because the drugs would produce similar conditions. Meanwhile many of our best minds were watching the physiological experiments of the old school with drugs, with great interest. They saw that these experiments must in time be incorporated into our materia medica. They began to see that the law of similia must not be limited to the primary action of drugs; that there were limitations to the law itself; that cures can be made by means of the purely physiological action of drugs; and that a medicinal force, which was apparently antipathic, would bring about curative results.

About this time a majority of our school began to realize the fact that a great portion of our "provings" were untrustworthy; that mixed with, and smothering the characteristic symptoms of drugs, was a great mass of recorded symptoms, which were either natural sensations, imaginary aches and pains due to expectancy, or symptoms gathered from the sick, and supposed to be due to the medicine being administered. This led to an attempt now culminating, which will expurge about nine-tenths of all the symptoms in the ten volumes of the great encyclopædia of drug provings.

It will be seen that we are approaching the *third* era in the history of materia medica, not only in our own school, but that of the dominant.

It is a transition period, and one of the most important in history. I deem it important because I believe it will ultimately lead to a coalition of all medical sects which have any real claim to scientific position. It seems to me impossible that the two principal schools can go on another quarter of a century without coalescing.

We admit the value of their physiological experiments with drugs. We can use them with actually more practical advantage than they can. We must incorporate them into our materia medica.

On the other hand, the dominant school must abandon the position of purloiners from our materia medica. The best among them admit the value and importance of our contributions, and also the truth of our law of cure. They admit it is *one* law, or *a* law applicable in certain cases, but not universal. This is a beginning. Not all our school insist that the law of similia is of universal application. I believe it has its limits. We must use adjuvants. We must use chemical, mechanical and physiological remedies. Sometimes it is necessary to use antipathic remedies for palliative effects.

My belief is that the materia medica of the future will consist of all the symptoms of value, found in our literature: all the results of physiological experiments instituted by all schools, all clinical and empirical facts collected by medical men, everywhere, and properly verified; and a careful and exact record of all the pathological effects of drugs. I believe this materia medica will be the common property of a common, united school of universal history.

If those good people who waste their breath and make themselves more or less ridiculous by declaiming against one of the grandest discoveries of medical science would study with a little seriousness the history of vaccination, they might possibly be led to look upon it as less of a curse than they now affect to regard it.—*Medical Record.*

GENIUS EPIDEMICUS AND THE CHARACTER OF THE PREVAILING DISEASES DURING THE MONTH OF NOVEMBER.

BY P. DIEDERICH, M.D.

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[Read before the Kansas City, Mo., Homœopathic Medical Society.]

ACCORDING to ancient book-lore the Egyptian priests knew already that serpents feel in advance the approach of epidemical diseases.

Hippocrates says: The cavities and intestines of men change with the seasons, and the air contains *morbosum quiddam.*

But Paracelsus first declared the necessity of a specific remedy for every epidemical disease. He writes: If you cannot find the specific remedy for every epidemic, all your endeavor to cure is in vain.

Sydenham called the peculiar features of epidemical diseases "genius epidemicus," and he found during an epidemic of variola in 1674–75 the epidemical remedy to be *Spiritus vitrioli.*

Later several prominent professional men recognized the necessity of studying the epidemical constitution of diseases, but they did not further in any way the discovery of the specific indicated remedy.

To Dr. Stens evidently belongs the merit of pointing out clearly and distinctly the process necessary to recognize the genius epidemicus, and also to discover the specific curative remedy.

He says: In every epidemic procure as many cases as possible, analyze and compare all the symptoms and unite them to one grand picture of the disease. After having completed the disease-picture, take your materia medica, and from the symptomatology of the remedies select that one bearing the closest resemblance to the disease-picture, and being a close observer of diseases and a good student of materia medica, your selected remedy will not disappoint you, and will prove to be the epidemical specific remedy.

Dr. Samuel Hahnemann, in his day, was well aware of the existence of a genius epidemicus. He requested Dr. Ægide, who visited him in 1831 in Cöthen, to see if the intermittent fevers on the Rhine at that time were cured as readily with Natr. mur. as were those in Cöthen. And actually, Dr. Ægide returning home, found the epidemical remedy for intermittent fevers was at that time Natr. mur., and he cured almost every case with it.

In later years some prominent authors and physicians advanced the idea, that even chronic diseases of the mind were curable in the same manner, *i. e.*, the epidemical remedy for that period, when the person contracted the disease of the mind, will remain to be curative for the case, even if administered years afterwards.

I do not know how true that may be, but I believe in the existence of a genius epidemicus and could not account for many disappointments from our homœopathic remedies sometimes, if I rejected this theory.

The law governing the selection of an epidemical remedy is the grand old law of *similimum*, but the application of the law differs widely from non-epidemical diseases. In epidemics an individual case never has all the peculiar features of the disease and a great number of cases are required to make a complete symptomatology of it.

As an illustration, let us take the analogous condition of a remedy-proving. One prover never exhibits and records all the symptoms and even not all the characteristics of a remedy. A long list of provers is necessary to learn the whole range of symptoms and the effects on all the tissues and organs caused by the remedy.

The individualization of cases is the key to success in homœopathy, but in epidemics we have to individualize more the disease than the single case. The selection of the remedy must be from *the totality of the epidemical symptoms*, and not from one individual epidemical case.

To-day the great cry in discussions on materia medica calls continually for characteristics and key-notes. Gentlemen, they are of immense value in every day practice, yet to find an epidemical remedy the most elaborate and complete materia medica is the best. There we have not only key-notes, but all the little minor notes, too, filling out the intervals between the key-notes, and making one harmonious piece of the whole remedy.

Not long ago we listened to a very able essay by a prominent member of this society. He believes in pathological symptoms and wants to make them the basis of the whole structure of our materia medica. The totality of the symptoms, he declared, is nonsense,

and many symptoms are not worth recording at all. (I was surprised and grieved to hear the applause following that declaration.) If we expunge many symptoms (the physiological minor-key-notes are aimed at) then certainly we destroy the value of our materia medica in a great measure, and particularly in regard to the selection of an epidemical remedy. Years hence it may happen that those apparently nonsensical symptoms are wanted to cover some peculiar epidemical symptoms, and if at any time hereafter those symptoms prove to be guiding stars to combat disease successfully, then they are not recorded in vain.

Believing in a genius epidemicus, you consequently must be aware of the great importance attached to a medical society as a factor to discover the epidemical remedy. When every member truthfully reports the symptoms of those cases under his care, a complete symptomatology of the epidemic can be formed in a short time, and with this disease-picture in our mind, and the homœopathic materia medica in our hand, the discovery of the epidemical remedy will be comparatively easy to any ardent student of homœopathy.

The easiness of finding a curative remedy to meet conditions never seen before is one of the brightest stars in homœopathy. We are always ready to meet those *non plus ultra* cases, but every anti-homœopathist and every anti-symptomatologist gropes in the dark, and all their endeavor to cure remains a miserable patch-work, and never deserves the name of scientific medicine.

The second part of my theme is on the character of the prevailing diseases during the month of November, 1886.

No epidemic prevailed, yet a tendency to diphtheritic and croupous diseases manifested itself clearly. Why it should be so, is a question below my ability to answer. We had a severe epidemic of pertussis last summer and later on cases of laryngitis and pharyngitis in children and adults prevailed quite extensively. Following these in October diphtheria and croup appeared and continued all through November. Cases were not so frequent as to call it an epidemic, yet I never before saw in so short a time so many fatal cases of croup recorded in our daily papers, as during the last two months.

I believe those fatal cases were due to diphtheritic, and not to membranous croup. Many think diphtheritic and membranous croup is a distinction without a difference, but I regard them to be entirely different in character. The diphtheritic poison of great intensity and general effect on the whole system, throws its victim in an asthenic condition almost from the start. The diphtheritic local exudations appear and are visible in the pharynx and on the tonsils before invasion of the larynx takes place, and no croupy cough yet exists. Soon, however, the croupy cough tells us that the larynx is involved and that the physician has to battle with one of the most formidable foes of childhood. The sinking of the little patient is more rapid than in membranous croup, owing to the general asthenia present.

In membranous croup the inflammatory condition is first of asthenic character, and blood-poisoning takes place only from non-oxydation of the blood in the later stages of the disease. If the patient is carried off early, it is usually through œdema glottidis, which is apt to appear in severe cases. Nothing, or very little can be seen of the exudations in the pharyngeal and laryngeal cavity, until they are partly expectorated.

All the symptoms whereon we base our diagnosis and treatment in these cases of children, are objective, and subjective symptoms are not available, the little patients being unable to express their feelings intelligently and correctly. Subjective symptoms in children would be a great help to successful treatment, and no doubt, even in such formidable diseases as diphtheria and croup, they often would give us clear and precious indications for a curative remedy.

Throughout the month of November we also met with many cases of malarial and typho-malarial fever, but not so frequently as usual in this season. The great dryness during summer and fall seemed to be unfavorable to the development of malarial miasm. Some cases of sporadic scarlatina, mild in character, were noticed also, and just now pneumonia, coughs and colds prevail.

The remedies most frequently called for during the month of November corroborate my statements as to the character of the prevailing diseases. Gelsemium was indicated frequently, and one symptom in particular seemed to call for it, namely: Lightheaded-

ness and dizziness, (without headache). Gelsemium would be well characterized, calling it "the remedy of the four L's," 1, Lightheadedness; 2, Languor; 3, Lassitude; and 4, Listlessness, against a high asthenic condition even in malarial fevers and croup. Veratrum viride was very efficient and more satisfactory that either Aconite or Bell. during the month. To stay incipient typhoid symptoms in malarial fevers, Bapt. tr. was called for several times, and its high reputation was sustained through its quick and splendid effect. Bell. and Merc. binj. are favorites with me in diphtheria, hence they were used extensively, and with good results. Apis mel. and Phytol. dec. have been administered when their indications were stronger marked than other remedies. Kali bi.; its great characteristic is not often present when an attack of croup commences, yet recently its action was charming even in the first attacks of croup.

Advocating auxiliary remedies, I use external applications whenever they are of any benefit to the patient. Inhalations in croup and diptheria, poultices in chest diseases, hot or cold applications in peritonitis and other diseases, are of immense value in innumerable cases, and I cannot see why they should not be used in our hands as frequently as they are in the practice of other schools.

PASSIVE CONGESTION OF THE PROSTATE AND ITS RELATION TO HEMATURIA.

By G. FRANK LYDSTON, M. D.

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AMONG the cases of hematuria that I have had the opportunity of observing in private and hospital practice, have been several which I have attributed to passive prostatic congestion, and which are certainly of more than ordinary interest. Of these cases I have recorded the complete histories of two of the most interesting, and will present them as briefly as possible.

Case I. A young man of twenty-five years of age was referred to me by Dr. Walker, formerly of Chicago, but now of New York City, for the relief of a "urethral hemorrhage," which had occurred almost daily for about six months. The doctor had suspected stricture, but as he had succeeded in passing a No. 15 English sound, had concluded that some disease of a more serious character existed, and therefore referred the patient to me. A history of several attacks of gonorrhœa was elicited, but further than this nothing had ever occurred which might account for the hemorrhage. The blood escaped usually in the morning, with great regularity, and was occasionally observed at other times during the day, especially if violent exercise had been indulged in. A fusiform clot, a sample of which was exhibited to me, escaped with the first gush of urine, was only slightly tinged. Constipation had been a prominent symptom, and several internal piles had formed some time before the hematuria appeared. Micturition was rather frequent, but not excessively so, as the patient was not disturbed at night. Nocturnal emissions were frequent, and for several months there had been a slight gleety discharge. The general health was only fair, the digestion being disturbed for the greater part of the time.

On examination with the urethrometer a stricture of large calibre was found in the penile urethra at one and one-half inches, and a slight contraction at the bulbo-membranous junction. The prostate was slightly enlarged, but not tender to pressure or the passage of sounds. A sense of fulness was, however, complained of on firm pressure upon the perineum. As a preliminary to medicinal treatment, meatotomy was performed, and the penile stricture cut to the calibre of 30 Fr., the deep stricture being treated by gradual dilatation. Internal medication consisted chiefly in remedies against hepatic congestion, with Ergot and the Bromide of potassium, the former in moderate doses thrice daily and the latter in full doses at bed time. Counter-irritation to the perineum, and the cold sitz-bath comprised the remainder of the treatment. Improvement was rapid; the hemorrhage ceasing by the end of the first week, and the other symptoms disappearing very soon thereafter.

Case II. A gentleman of thirty years of age, a patient of Dr. Frank Welles, of Chelsea, Massachusetts. Dr. Welles had treated this patient for a slight stricture, and had dilated the urethra up to about 20 Fr., when he came West and stopped treatment. Some time thereafter, while suffering from an attack of constipation attended by hemorrhoids, a

slight attack of hematuria was noticed after straining at stool. This recurred daily, and gradually became a scource of great annoyance, although there was at no time any great loss of blood, or any pain either during micturition or at other times. Upon examination I found a stricture of moderately large calibre, at three inches from the meatus, a moderate increase in the size of the prostate, and slight internal hemorrhoids. The treatment of this patient was precisely like that of the preceding case, with the exception that the fluid extract of Hamamelis, in small doses, was substituted for the Ergot. A cure was effected in about six weeks.

I have recently seen another very interesting case, the complete data of which I am unfortunately unable to present. This gentleman had been perfectly healthy up to three months prior to his consulting me, and had never had any venereal disease. At the time mentioned he had "strained" himself in a violent bowling contest, and began to be troubled with constipation, slight hemorrhoids, and hematuria. The hematuria increased until the time I first saw him, when the urine was very largely mixed with blood, clots being occasionally observed during urination. Aside from the worry consequent upon the hematuria, the patient was perfectly well; appetite, sleep and strength being normal, and there being no pain whatever. Several physicians had pronounced the case morbus Brightii, and had treated for that disease. A diagnosis of hemorrhage from the prostate and vesical neck was made, this being determined by the absence of pain and general symptoms, the shape of the clots, the absence of vesical irritability and urethral disease, the lack of tenderness on pressure upon the hypogastrium and perineum, the occurrence of the hemorrhage chiefly in the morning, after stool, and the absence of blood casts and other evidences of renal disease. Ergot, Turpentine and cholagogues, with Citrate of potassium in Vichy water, and a bread and milk diet effected a cure in this case in less than three weeks, the urine becoming more than ordinarily clear.

Remarks:—When we consider the intimate association of the hemorrhoidal and prostatic plexuses in their relation to the neck of the bladder, prostate and anus, and the close relation of this venous network with the portal circulation via the mesenteric veins, the occurrence of such cases is hardly surprising. Considering the frequency with which a greater or less amount of urethral obstruction is superadded to simple constipation, which thus necessitates more or less straining during micturition, it would indeed be remarkable if such cases were not occasionally seen. The indications for treatment are quite simple, and consist chiefly in the relief of venous obstruction by laxatives, especially such as act upon the liver, and the removal of urethral contractures by operation or dilatation. Remedies which act upon unstriated muscular fiber, such as Ergot and Hamamelis are quite essential, but are of secondary importance. The sexual function always requires a certain amount of consideration, and it is often well to limit the diet to milk or an equally unstimulating regimen. Neutralization of the urine should be accomplished as a matter of routine.

ILLUSTRATIVE CLINICAL CASES.

By ASA S. COUCH, M.D.

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[Transactions of the American Institute of Homœopathy.]

CASE 1. — Male, æt. 35; occupation, merchant. Disease had been diagnosed as cirrhosis of the kidneys by an old school physician, of Bradford, Pa., and this diagnosis was confirmed, in consultation, by Austin Flint, Sr., and an expert analyst of New York, to whom a portion of the urine was sent for examination.

Patient had a swarthy, livid or purplish appearance, a "pounding heart," and great mental apprehensiveness and depression. The urine was very sharp in its acid reaction, had a sp. gr. of 1028, and after standing a few hours deposited immense numbers of octahedral crystals of oxalate of lime. Diagnosis changed to lithæmia; patient placed upon Acid nitro., mur., dil. A radical change made in his diet in the direction of diminishing the amyloid supplies, and ordered to change from a sedentary to an active out-door life. This man's doom had been positively pronounced by one ordinary and two eminent physicians. He is now, three years later, a whole and happy farmer. The case illustrates several things which ought to be immediately obvious.

Case 2.—Female, æt. 17, unmarried. Sent to me with a full statement of her case by a most excellent old school physician. It included a diagnosis of "advanced cirrhosis"

of the kidneys, and an absolute "unfavorable prognosis." Both had been confirmed after repeated analyses by an ex-president of the American Microscopical Society.

Patient was anæmic; had frequent syncope; was slightly œdematous; passed an abnormal quantity of light-colored urine of sp. gr. of 1004 to 1007, but without much albumen. There were both hyaline and granular casts present. This certainly did look like a case of contracted kidney. But, after close analysis throughout, and taking the age and complexion, (clear, white), into consideration, the diagnosis was changed to "large white kidney," and Helonias, Arsen. alb., Cimicifuga and Ferrum were given according to the indications, (the first named being the chief and the one most relied upon), with the result, in a few months, of a perfect cure, and now, seven years later, the patient is a healthy and handsome mother.

Illustrates either that the first diagnosis was wrong, or that a case of advanced cirrhosis was cured, and that "hopeless cases" under old school treatment are not hopeless.

Case 3. — Female, æt. 26, married, and has had one child. Came with precedent diagnosis of vesical catarrh. Had been under both eclectic and homœopathic treatment with no change other than a gradual aggravation of the disease, and an increase of legitimate results.

Patient was very delicate and anæmic; passed normal amount of urine, of nearly normal reaction, low specific gravity, and loaded with pus — otherwise negative. Pus largely increased periodically, accompanied by severe pains, internal to and over the right ilium, with swelling and great tenderness, relieved after free discharge from the bladder, as before mentioned. Diagnosis changed to pelvic abscess discharging through the bladder; diet ordered to be a strongly nutritious one, including peptonized cod-liver oil and milk; Lycopodium, Silicea, Ferrum, Hepar. sulph., and this class of remedies given according to the best discrimination which could be made, followed by immediate improvement and eventual recovery.

Illustrates the mistake of some members of the school who assert that diagnoses are unnecessary to the correct treatment of disease. In this instance there was undoubted cystitis, and the remedies most closely indicated under the law, were those which cover the symptoms most common in vesical catarrh, such as dysuria, tenesmus vesicæ, etc.; but they had all been employed with negative results. The trouble lay in the fact that the bladder catarrh was symptomatic of the pelvic abscess, for the class of remedies for the separate diseases in different individuals would be quite broadly different, and so would the nutritive and general management; but the case is passed with the simple suggestion.

Case 4. — Male, æt. about 60, occupation grain dealer; history of indigestion relieved by taking lime-water after meals, and persisted in a long time; this followed by renal calculi, renal colic, hæmaturia, and exaggerated catarrh of the bladder. The amount of pus and of blood lost, at times, was comparatively enormous. Patient treated with average success — perhaps a little above — but when nearing a cure some indiscretion would occasion a relapse; and so for several years the patient alternated between better and worse until sudden death ensued from fatty degeneration of the heart and strong evidences of extensive degenerations of the kind.

Illustrates what, in several similar instances, I have observed, viz., that adiposic degeneration may be a sequel of long-continued vesical catarrhs, especially where the purulent discharge is large, and the bodily increment is also large. This patient was a "good liver," and on account of the suffering induced he had little active exercise. I attribute his fatty degenerations, in part at least, to the fact that what was thrown away before arriving at the completed problem of perfected work was principally albuminoid material, and what was saved to the system through diminished call for force, was amyloid. The patient was therefore storing the last in the form of fat because, of course, of the lessened general exercise, but also, I hold, because of the cutting short of the work of cell differentiations, and therefore lessening the demand on the cell builders. In other words, chopping down forests, sawing them into lumber, and then throwing the lumber away, requires less work than to go on and build the lumber into houses. Throwing away pus in large quantity and for a long time, the increment remaining large and other things being equal, must tend to disrupt the balance between force food and cell food.

SOME PROMINENT DIAGNOSTIC POINTS BETWEEN HYSTERIA AND EPILEPSY.

By H. D. CHAMPLIN, A B., M.D.

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Hysteria.	Epilepsy.
Attack is gradual.	Attack is sudden.
Screams during the course of the attack.	Utters a scream at the onset.
Rigidity, or struggling and throwing about of the head and limbs.	Convulsions at first characterized by rigidity, followed by jerking movements.
There may be biting of the lips and hands: more often try to bite others.	Biting of tongue.
Micturition is rare.	Micturition during the attack.
Talking frequent.	Patient never talks.
Duration of attack, half an hour to several hours.	Duration of attack a few minutes.
Pupil is normal.	*An alternate dilatation and contraction of the iris for overa minute after consciousness is restored.*
Causes.	Causes.
Psychical affections.	Heredity.
Irritations arising in genital apparatus.	Diseases of the brain.
Pollutions in females.	
Age.	Age.
From birth till death.	Between ten and twenty years most vulnerable period.

THE LOCAL ACTION OF IODOFORM, IODINE, IODIZED PHENOL, TANNIN, CALENDULA AND HYDRASTIS.

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[Transactions of the American Institute of Homœopathy.]

NERVE irritation is the great underlying fact of pelvic disorder, and is due to some interference with the natural order. Embarrassment of any organ, if prolonged, will divert its functions and lead to the expression of some form of malnutrition. It is the old lesson of "cause and effect" over again. In gynecology, as elsewhere, the plain indication in every discord, is to harmonize the forces. But to get abatement of effects, *causes* must be removed. This may demand the use of measures surgical, mechanical and physiological, as well as medicinal. Is there luxation of uterus, ovaries or vagina; have the perineal or vaginal supports been swept away; have cicatrices been formed which hold nerves as in a vise; is rectum or vagina perforated by fistulæ; have adhesions been set up which prohibit normal mobility; have effusions solidified the contents of the pelvic basin into one common agglutinated mass; have degenerations eventuated in abscesses or cystic pockets large or small; have processes of repair been diverted into vegetations such as hypertrophies, tumors, polypi or exaggerated papillæ; are sphincters so strictured as to prohibit dilatability; or, is subinvolution-hyperplasia hanging like a millstone to the uterus and its adnexa? It is clear that gynecology is a many-sided art, and that she has the undoubted right to draft into her employ any force that will best serve her purpose, whether therefore it be the knife, ligature or electro-cautery; the crutch (pessary), tampon or bougie; gymnastic exercises, massage or electricity; medicines, low or high, bread pills, or the mind-cure; the local application of heat, dry or wet; or any agent that has the power to provoke rapid osmoses from super-charged tissue, facilitate absorption — the letting go of adhesions and the quickening generally of the processes of resolution, their use is not only *admissable*, but according to the special requirements, *indispensable*. For restoration consists in bringing order again into a perturbed system — the righting of variant

forces. Restoring equilibrium, the soothing of fretted nerves, the curing of patients, implies directly the removal of all that provokes; and indirectly, through the rounds of the blood circulation, the equalization of the forces through the influence of drug action.

This is therapeutics in the broad and only true sense, embracing correctly all that pertains to the art curative, however administered; laying claim rightfully to every utilizable fact and principle of application within the scope of knowledge. Narrowing now the discussion to the boundaries of the six agents assigned as a subject for this paper, we find ample justification for their local use. It is true that, for the most part, these agents have not been locally proven upon the healthy, and that our knowledge of their powers has been gained almost entirely from their empirical use in the clinic — *ex uso in morbis*. And it is admitted that their employment is not always dictated by the knowledge of their abilities to produce a similar condition. Like glycerine, hot water and the vaginal tampon, they have gained their right to local employment — direct action upon the tissues — by the exhibition of powers that may never be satisfactorily harmonized with the law of similars. The question is not whether the object can be gained in another way; not whether the cure may in time be accomplished with medicines per orem; but whether a given method is quicker and therefore more efficacious in the attainment of results.

Evaporation is a divine principle, but would you therefore wait for a malarious swamp to be emptied by its powers; or, run a drain into it, thus quickly drawing off its great volume? The local action of glycerine and many other agents is to be defended on this principle. It is a drain to the pelvic swamp.

By drafting into service the physiological principle of osmosis, a stagnant circulation is quickened, new life brought in, and the normal forces more speedily regained.

No rule of practice is better established than absolute rest in bed for the patient suffering from pelvic cellulitis. Following this hint in the treatment of chronic congestions, conjointly with the foregoing, it is found that nothing further is more hopeful to a fretted, dragged-upon, nerve-pressed uterus than to lift, sustain and rest it with a well-adjusted support. In such a condition the force of gravity is a malign influence to be antagonized. Mention need only be made also of the soothing action of heat or cold in inflammatory conditions. The principle of adjuvant treatment then is unalterably fixed; the voice of experience is not to be disregarded.

In the field of pelvic disability there are very many conditions demanding the assistance of local treatment, which, with all the light before us, it would be malpractice not to give. The agents under consideration are specially called for in the treatment of the sequelæ of inflammations; in those active states characterized by histologists as *tissue-forming*, such as hyperplasias, effusions, enlargements and all abnormal cell activities; and in those more dormant conditions known as subinvolutions, chronic congestions, adhesions and indurations. Iodoform and iodized Phenol belong to Iodine, and embody in the main the virtues of the parent drug.

Iodine is a remedy possessing peculiar power over the absorbents, quickening their functions and thus reducing hypertrophies and hyperplasias in mucous, connective or glandular tissues. In thus promoting absorption it is a remedy unexcelled in the removal of hyperplastic and thickened conditions, the loosening of adhesions and the softening of indurations. It is therefore not only a local stimulant by which congestion is removed, but is likewise an efficient excitor of uterine contraction. It acts promptly in causing contraction of all the blood vessels within the range of its influence. Iodine, when used in the uterus will quickly be taken into the circulation, being detected by the taste in an incredibly short time. Its effect on this account must be general as well as special.

Twenty-nine thirtieths of Iodoform by weight is Iodine. It possesses the virtues therefore of Iodine to a very great degree. Having no corrosive property it is vastly superior to Iodine in many conditions. It is antiseptic and slightly anæsthetic, and of great use as a dressing after surgical procedures.

Iodized phenol, owing to its high per cent of Carbolic acid, possesses energy of greater value in some cases than either of the other members of the Iodine groups. It is more markedly anæsthetic than Iodoform, and is most beneficial in rapidly softening indur-

ated and cartilaginous tissues. Especially, therefore, it is to be thought of in the management of those hard, unyielding lymph deposits which have agglutinated the tissues after cellulitis. In these old fibrous accumulations we have a very inadequate blood circulation, and the nutrition of the part is well nigh suspended. The first step toward cure must be to set up an increase of nervous action, restore the volume of the circulation, and thus install again the reparative process.

Owing to the very penetrating alternative action of these three agents nothing has been found better able to stimulate resolution in such conditions; and of these the iodized Phenol has the preference.

The objections to these medicines are a very disagreeable odor attending their use, and the ruin wrought by them in staining garments.

The astringent power of Tannin has been found to have wider application than the control of hemorrhages. In the treatment of those lax, flabby and toneless conditions incident to procidentia, falling of the vagina, and recto- or vesicocele, it is helpful in exciting the tissues to contraction, thus favoring the re-establishment of lost energy. In this connection I cannot refrain from mentioning Pinus canadensis as quite equal to Tannin in astringent power, and of greater value in the cure of the catarrhal discharges incident to such conditions. The well-known virtue of Calendula in the treatment of wounds places it at the very head of our list. Its germicidal power gives it preference as a remedy for abrasions, erosions and the traumatism of surgical operations via vagina. It promotes healing and relieves the swelling and tenderness. Its primary virtues are thus exhibited in traumatic lesions and in those immediate congestions arising therefrom.

In case of suppurating ulcer, non-specific, and the irritating corrosive discharges from old catarrhs of uterus or vagina, the glycerole of Calendula, or that of Hydrastis should be employed; for Hydrastis has marked influence over all catarrhal affections of the mucous membranes, and in particular those exhibiting erosions or epithelial abrasions with discharges purulent or muco-purulent, mixed with tough, stringy cervical mucus. For all discharges of a blennorrhœal character, such as vaginal leucorrhœa and the leucorrhœa of infancy and childhood, Hydrastis is the drug indicated.

The general symptoms calling for Hydrastis are the cachectic state, weak muscular power, poor digestion and obstinate constipation.

HABITS OF SCHOOL GIRLS.

By HELEN M. BINGHAM, M.D.

Milwaukee, Wis.

[Transactions of the American Institute of Homœopathy, 1887.]

THE subject assigned me was the effect of habits on the menstrual function, and the present paper is to be regarded as a case of arrested development, owing its existence to circumstances which made impossible the paper first planned.

Among the noteworthy things in the report of the Association of Collegiate Alumnæ containing health statistics of 705 of their own number, are the following: First 123, or 17.5 per cent of the 705 women, report pain accompanying menstruation during the age of development. It is to be expected that the physical and mental strains of life, with inevitable exposure, will cause painful menstruation in many whose pelvic organs were healthy and normally developed at the time of the first menstruation, but if 17.5 per cent of all women are to begin womanhood with some lack of harmony in these organs, the chance of healthy womanhood becomes much less than it ought to be. Secondly, although 123 women entered college so crippled, yet the average health of the whole 705 was not perceptibly lowered during college life, for while the health of 3.27 per cent declined from excellent and good to fair, the health of 2.55 per cent improved from poor or indifferent to fair. These figures are themselves a striking commentary on the healthful influence of intellectual work. Being so poorly prepared for their work, if the work had not been favorable to health, 123 of these women must have suffered a marked physical deterioration before winning their diplomas.

But why did 123 of 705 intellectual girls have pain at the beginning of menstrual life? Under the normal influence of a healthy nervous system the pelvic organs should be so developed at the age of puberty as not only to make ovulation and menstruation painless, but as to make ovaries and uterus

react with stimulating and invigorating power on the nervous system to which they owe their own health. With the aim of discovering some possible cause of the suffering of the 123 college girls referred to, I have submitted to those pupils in the Milwaukee public schools who are between the ages of 12 and 16 a number of questions regarding their mode of life. Regarding fourteen as the age for the first menstruation, the time included by these questions includes the two years in which nature should make preparations for ovulation, and the two years in which the proper performance of the function should become a habit. The questions were given to boys as well as to girls, because as it is agreed by all physiologists that a girl's physical development is more rapid than a boy's, and consequently is a greater tax on her vital forces. Girls between twelve and sixteen, even more than boys, need the tonic influences of sunshine, fresh air, varied and pleasant interests, moderate and agreeable muscular exercise, and freedom from all physical or mental strain — freedom from the pressure involved in having a pre-appointed task for every hour; and a convenient measure of what a girl ought to have of these hygienic influences is found in what the average boy really does have; for it may be assumed that a girl of the age stated who is living less hygienically than the average boy of the same age, is endangering the health and vigor of her whole after life.

Answers have been received from 411 boys and 339 girls. Half of the schools answered the questions in December, and the other half answered them in May, making the answers as true for one season of the year as for another.

The answers on every point touched by the questions show that the boys live more hygienically than the girls. Fifty-one per cent of the boys and 95 per cent of the girls report study at home, and the average number of hours of such study reported by the studious girls is larger than that reported by the studious boys.

Thirty-eight per cent of the boys and 74 per cent. of the girls gave time outside of school hours to the acquisition of accomplishments, and here again the girls report the larger average of hours.

Forty-seven per cent of the boys and 59 per cent of the girls report work at home, and even here — notwithstanding the larger percentage of girls, the advantage is with the boys, for although one girl reports sweeping, and one reports scrubbing, and several report "various kinds of work," the majority report work which can have hardly any value in developing the muscles or calling the blood from the weary brain. The girls' answers as to work at home include the following: doing errands, wheeling baby, very little of anything, putting the children to bed, dusting, taking care of my room, wiping dishes, washing dishes. Worthless as some of these things are in developing the muscles, they are in many cases all the girls have either the time or the strength to do. The boys' home work includes doing errands, cutting and watering grass, cleaning walks, carrying coal, splitting wood, taking care of furnace, making fires, barn work, taking care of horses, care of poultry, cleaning yard, gardening, various kinds of work.

None of the boys, but 55 per cent of the girls report time spent in needle work, and the number of hours which some of the girls report as spent in embroidery is astonishing when one considers the number of hours the eyes have been used in other ways.

To the question what work do you do with the hands, the boys report, besides the home work already mentioned, driving team, hotel work, care of game, clerking, plumbing, taking photographs, printing, carrying packages; and 5 per cent carry newspapers, 5 per cent do carpenter work, 3 per cent do scroll work, and 1 per cent exercise in the gymnasium. Of the girls, 1 per cent exercise in the gymnasium, besides which no exercise with the hands is reported except writing, drawing, painting, practicing music, housework and needle work.

The questions did not touch upon recreation, but several boys volunteer the information that they skate and play ball. No girl is guilty of any such announcement.

All the questions in the series required the answers to be given in the "average number of hours per week," but the numbers given are not sufficiently accurate to be used, consequently no percentages can be given of the time spent in the open air. It should be said, however, that while a majority of the boys report a large number of hours, many of the girls report only the time spent in short necessary walks.

It will be seen that the girls lack most of the hygienic influences which have been named as necessary to the well-being of girls of this age. Of sunshine and fresh air many of them get the smallest amount compatible with their daily pursuits. Sunshine and out-door air are merely incidental things to them, not things regarded as necessities. Of muscular exercise the girls have nothing valuable except walking, and heavy skirts and tight corsets impair the good effect of this. Varied interests are impossible to those for whom almost every hour has its allotted task, especially when the task is usually a lesson of some kind. No boy who desired to study out of school, and who was required "to practice" and embroider, could have time and interest for gardening, scroll work or poultry. The mind of the average studious school girl runs so steadily in one groove, that before the end of each school year she feels physically exhausted; her circulation is exhausted. The cerebral arteries, from too long distension, become debilitated and relaxed, and the cerebral circulation becomes sluggish; the head aches, the cheeks are flushed, the hands and feet are always cold. A mental dullness results, which leads to bad methods of study and slow acquisition of knowledge. Anxiety follows and then there is mental irritability, disturbed sleep, poor appetite, and general debility. Then comes the debilitating thought of having poor health. The question regarding health was answered as follows: 90 per cent of the boys and 73 per cent of the girls report good health; 90 per cent of the boys and 24 per cent of the girls report indifferent health, and 1 per cent of the boys and 3 per cent of the girls report poor health.

The bad mental habits most likely to befall women are, first, regarding themselves as semi-invalids; second, keeping the mind too constantly in one line of thought; third,—and the third habit is the natural result of the first and the second,—lapsing into a dull, lethargic state of mind; fourth, becoming a prey to a constant, wearing, unreasonable anxiety; and the fourth habit is the natural result of the other three habits. The mode of life common among school girls between the ages of twelve and sixteen is admirably calculated to develop all these habits. That it does not develop them very generally is due to the wonderful tendency of the human constitution towards health, but it does not develop them in many cases. Among the most languid, listless, and at the same time anxious people in the world, are girls of this age. As an illustration of the truth of these statements, it may be mentioned that in a written examination, Prof. Peckham, of the Milwaukee High School, required each pupil to note on paper the time spent in writing it, and it was found that the girls had spent 50 per cent more time than the boys in the examination, and had written no better papers.

The remedy for the present state of things seems to be coming gradually in later marriages and in a consequent later completion of school education and a prolongation of little girlhood. If we are to believe the traditions of our great grandmothers' grandmothers we must believe these worthy women fortunate in having been taught very little. They were married at sixteen and are described as healthy, active and intelligent. It is neither possible nor reverent to inquire very closely into the truth of this description; but we know without inquiring that the modern demand for educated women has caused young girls to be stuffed and crowded as though it were necessary for them to have a smattering of everything at sixteen, and that this system has produced more invalids than scholars. Now we are beginning to understand that to give a growing girl an easy, happy, care-free life, is to give her a physical and mental capital on which she can make great demands in after years, and every year is increasing the number of parents who believe the number of years in which their daughters can take lessons is great enough to obviate all necessity for crowding.

Bad as the mode of life is among Milwaukee girls, it is not so bad as it has been, and it is now improving. In an American city with many foreign inhabitants the influence of any new educational theory is likely to be seen first among the Americans. Some of the Milwaukee pupils failed to answer the questions relating to the nationality of parents, but 92 girls report American parentage and 116 report that both parents are of foreign birth, and the papers indicate that the American girls live more hygienically than the foreign girls. Seventy per cent of the American girls and 90 per cent of the foreign girls give some time outside of school hours

to accomplishments. Ninety per cent of the American girls and 96 per cent of the foreign girls study at home. Thirty-six per cent of the American girls and 47 per cent of the foreign girls give time to needle work, but the needle work of the American girl often consists of darning a few stockings, while that of the German girl includes many hours' embroidery. Seventy-four per cent of the American girls and only 60 per cent of the foreign girls do some kind of housework.

RECTAL AND ANAL SURGERY.*

A REVIEW.

THE last child of a large family is apt to be a weakling; the vital forces of the parents are too nearly exhausted to yield vigorous fruit. Authors likewise, as a rule, display greatest energy in their prime, and are pretty sure to exhibit weaknesses in their later writings.

Friends of mine who knew Dr. Edmund Andrews at the time of our civil war, twenty-five years ago, tell me that he was a large hearted, large brained, wholesouled, broad-guaged man, well up in his profession, liberal-minded and philanthropic. I am glad to know this, for it tempers very much my impression of his recent work on rectal surgery. He may say anything he chooses now, and I will forgive him; I will interpret it, as it should be, in the light of his years.

A friend of Mr. John Quincy Adams called on him on the day of his death, and as he approached the sick man's bed, said: "I hope, Mr. Adams, you are doing well." Mr. Adams replied: "I am sorry to say, sir, that I am not; I feel that I am the tenant of a house terribly racked and shaken by the storms of time, and the worst of it is I understand that the landlord has refused to make further repairs." How can a man in the decline of life, when his house of clay is tottering and falling in on him, display the qualities of elasticity and progress peculiar to earlier years? Second childhood is a little beyond manhood, it is not the same. We all reach it if we live long enough, so let us be charitable of the eccentricities of those whose white hairs tell us that time is shrouding them for their exit.

In reviewing his little book I can commend its neat form, and some of its contents. The stern, dogmatic and irritable style, the superabundance of harsh sounding epithets in which it abounds, the needless repetitions at once apparent, are not worthy of notice, except to express regret at their presence in any bound volume of medical literature; but there are some faults of omission, and some of commission, which merit brief consideration.

First of all, the Doctor manifests no knowledge of the universal principle that irritation of an organ starts at its mouth, and by proper treatment of the mouth of an organ the action of the entire organ can be controlled, and, generalizing the principle, the condition of the entire body can be affected by attacking its openings. He ignores the fact that the existence of rectal irritation can nullify all efforts at relief of sexual disorders. He omits all mention of the concomitance of lung and rectal troubles, and evades entirely the great question of operative interference for fistula when present in incipient phthisis, and simply prefaces his chapter upon that subject — which, by the way, omits the most recent and effectual methods of operation in such cases — with the misguiding statement that "operative measures for the radical cure of fistula are, upon the whole, satisfactory and free from risk."

He appears to know nothing of the marvelous effect upon the respiration and circulation of dilating the internal sphincter, and makes the grave mistake of advising a patient, without stretching the sphincter, "to strain down the piles, if possible, just before the operation, so as to bring them into view, and then go upon the table and be anæsthetized," a most dangerous suggestion, as any one must know who is familiar with the violent depression upon the respiration exercised by strangulated piles. He forgets all about acute piles, and if he knew how happy in its results the modified clamp operation — suggested at the end of the article describing Dr. Whitehead's method, in the August number of THE MEDICAL ERA — he would not have failed to insert a description of it. He omits, right where he is evidently trying to

* RECTAL AND ANAL SURGERY, with a Description of the Secret Methods of the Itinerants. By Edmund Andrews, M.D., LL.D., Prof. of Clinical Surgery in the Chicago Medical College; Senior to Mercy Hospital; and E. Wyllys Andrews, A.M., M.D., Adjunct Prof. of Surgery in the Chicago Medical College. Chicago: W. T. KEENER, 1888.

be very exhaustive, to tell us upon what authority (and he seems to have such a profound respect for any one who has written a book that the omission is singular, if it was avoidable) he pronounces papillæ an anatomical structure, simply satisfying himself that they are so because "they show a healthy structure in most cases." So do ovarian humors, if they are thrifty. He omits to condole with the poor mortals who are destitute of "pockets"—and they are legion, although the Doctor forgets to mention it. He omits to express his sympathy for the unfortunates who never had a papilla, and they are in the great majority, although that fact also the Doctor has failed to mention.

But, worst of all, the author of this little book has left unnoticed the great relief from every variety of reflex trouble which has been obtained, in instances without number, by removing what he seems to cling to as such precious bits of anatomy, viz., pockets and papillæ. I wonder if he knows anything about it? I should judge that he had spent more time in studying books than he had in studying cases; more energy in thumbing musty records of fallacious theories, than in active personal investigation. Why has he not clipped off a few papillæ and cut a few pockets in asthmatics, stomach and bowel victims, paralytics, insane cases, and so on, all by himself, and observed personally the happy effects of manipulating a little "anatomy?" In spite of previous authority, after a while he might have become an authority unto himself. He could not have done much harm and he would certainly have been better qualified to write a book on the subject. There are five hundred regular doctors in the United States at the present time, I venture to say, at a rough estimate, who could have told Dr. Andrews more about the effects of removing "pockets and papillæ" than any author he has yet read. What a pity he could not have heard from them before he issued this little book, and put himself in such an awkward position! Let us hope for better things if he gets out a second edition.

These are a few of the omissions; now some of his commissions require attention.

The preface is a great commission, and should have been left out, as it is all embodied in the subsequent chapters. In glancing over the chapter on "Examination of the Rectum," one can easily see that he never examines a rectum unless it causes local discomfort to the patient. He does not seem to be well up in reflexes. The tension of the sphincters does not interest him enough to advise one to note it even.

His chapter on hemorrhoids ought to be good, because he has had extensive personal experience with them, and in some respects it is satisfactory. He shows some signs of progress in mentioning the methods of Prof. Vernuil and M. Fontan, and also that of Dr. Whitehead. He presumes, however, to criticise them in the same breath in which he confesses no practical experience with them.

Treatment by ligature is familiar to him, and it ought to be, for it is as old as Hippocrates and Celsus. Allingham, Cripps and Andrews, and many others, are pleased with the operation. I am not, and so am I sorry to have so good an authority as Dr. Andrews really is, to unequivocally sanction the proceeding. There are, to many of us, more satisfactory ways of handling piles than by ligatation. Dr. Andrews has had great experience with the injection process, and his opinion upon that subject is valuable; he does not entirely condemn it, but limits it to certain cases, failing to designate them. Dr. Palmer, of Albion, Mich., gave me a recipe for a pile injection which has done much good service, and ought to be generally known, for some doctors will still use injections, and they ought to employ the best ones, if they use any. The receipe is: equal parts of the fl. ext. of Hydrastis can., Calendula off., and Secale cor., use from 3 to 10 drops in a pile.

The attempt of the author to disprove the statement (which he quotes) corcerning "rectal pockets" that no mention of them can be found in "current literature," and very little in "that of the past," is too ludicrous to be referred to.

Current literature evidently means one thing to him and another thing to the dictionary and common usage.

Judging from the paucity of other material in the book and the undue attention he has bestowed upon these "rectal pockets," it would appear that the main object of the author in publishing the volume was to correct a generally prevailing impression that the pockets are pathological in their nature.

His effort is feeble, and in trying to hurt somebody he so badly mixes up his epithets

and authors that he feels called upon to apologize for it at the close of the chapter.

His confidential statement of the "real truth" of the matter is truly harrowing to any one who really knows anything about rectal pockets. If the doctor will only be patient a few weeks longer, he can have the opportunity of reading an explanation of the formation of the pockets, that may possibly satisfy even him that their nature has been misunderstood, that they are in reality pathological formations, and that he has slightly stultified himself in rushing into print with so hasty an opinion.

I wish old Dr. Physic were alive; he would be a valuable ally in this little campaign. Tradition has it that he made many marvelous cures by removing rectal pockets, and created quite a stir in the profession. But he died, and did not leave any very extensive records on the subject. Probably a superabundance of authority overwhelmed him. There is little record of any one else discussing the effect of removing them. The inference naturally is that the others did not know much about it; but "truth crushed to earth will rise again," and here we are repeating history, only this time the broad, comprehensive principles of orificial philosophy have come to the rescue, and made it absolutely essential to remove all forms of irritation that conduce to tension of the internal sphincter.

Pockets and papillæ will be sacrificed to the good of humanity in general and in particular, in spite of Dr. Andrews, long after he and I are covered beyond resurrection by the debris of time. The columnæ recti are all right, but the pockets had no business to violate the universal law of valves, and open upwards against the tide of a canal, if they did not expect to be continually bruised and torn, and require extermination to establish a proper laxity of the internal sphincter.

In the chapter on "Fistula in Ano" Dr. Andrews might have let Hippocrates rest, if he resurrected him only to bury him again, and if he did not approve of the ways of itinerants, he has wasted space in mentioning them. The rest of the book needs no especial comment, as it simply treats superficially of subjects better handled in more comprehensive works.

There is nothing new in this book of Dr. Andrews. It is not exhaustive enough to be relied upon as a safe guide in rectal work, and his effort smacks so much of ill-feeling and general bitterness of spirit that, as I said before, I am sorry for his sake that he has put it in print. However, it will probably have the effect to stimulate additional discussion, and in this way lead to greater advancement.

Personally I have the profoundest respect for the venerable Doctor, and although I must differ from him in some points, to be true to my honest convictions I do so because I must, and not because I wish to. Nothing but the truth is everlasting, and time will speedily destroy all else. E. H. Pratt.

SELECTIONS.

Tubercular Meningitis Cured by Iodoform.

In the *N. Y. Medical Times*, Dr. Miner, of New York, reports a case of undoubted tubercular meningitis cured by inunctions of Iodoform. The child's condition is thus described:

"Temperature, 105.4°, pulse, 144, and weak. Child cannot articulate. Swallows with difficulty. Is extremely prostrated. Head drawn back, boring in pillow, and rolling constantly from side to side. Screaming and grating her teeth at intervals. Totally blind and deaf. Unconcious. Automatic motions of legs and arms. Has not taken any nourishment in the last two days. Complete anorexia. Tongue heavily coated yellow. Breath very offensive. The case seemed to be beyond all hope of recovery, and an unfavorable prognosis was given."

The treatment was as follows: "The child's head was shaved, a pomade was made of Iodoform and Vaseline, ʒiij. to ʒij., and one-half drachm of the ointment was rubbed into the scalp twice daily. It was well rubbed in, until no traces of the ointment remained. The tincture of Ver. vir. was administered in drop doses hourly, and the Bromide of sodium used at night only, in six-grain doses."

There was gradual improvement, and final recovery. Meanwhile an eruption of boils appeared on the thorax and abdomen, over fifty being counted at one time.

General Principles Involved in Amputation.

It is sometimes necessary to amputate as soon as consistent with safety. Now, what is to guide the surgeon in his decision of so important a question? In cases of compound comminuted fracture, with injury to the main artery of the limb and with great loss and destruction of tissue in the soft parts, the hemorrhage is often alarming, and amputation is called for imperatively as the only salvation for the patient. What is the earliest moment a surgeon should operate? Never during profound shock; and the rule which must govern a surgeon is, to employ all means to control hemorrhage and to bring about reaction from shock, and wait. If the patient has pallor and coldness of skin, weak and feeble pulse, sighing respiration, non-reacting pupils, traumatic delirium, internal injuries, no amputation is indicated. The earliest possible time an amputation can be performed, under great necessity from hemorrhage, is when reaction is beginning; but unless the patient is likely to become exsanguined by delay, the beginning of reaction is an unfavorable period of operation, and it is wise to defer it until reaction is fully established. Amputation should not be performed with a subnormal temperature, a cold skin, a feeble rapid pulse, or during traumatic delirium — especially in children. The condition, then, of the temperature, the skin, the character of the pulse and the mental state, are all important factors in the solution of this problem. I have seen an Esmarch elastic bandage applied above a lacerated wound, over sound tissue, and when the flaps were made a certain amount of sloughing followed from the compression. The wound itself is the proper place to apply firm compression, never above the seat of the wound. This point is one of practical importance, because the elastic bandage, as a means of controlling hemorrhage, has been misused; instead of applying the compression over the bleeding part, it has been carried above the bleeding part and over sound tissue. As a result of this, gangrene in the flaps may occur, with its accompanying septicæmia.

The hygienic conditions are most important in affecting the mortality. Patients in the country do better than those in the city, and the latter do better in private practice than in hospitals. Always secure for a patient abundance of fresh air and plenty of sunlight. Too much stress cannot be placed upon his hygienic surroundings. While the weather, age of patient, seat of amputation, the part of the bone sawn through, whether for injury or disease or deformity — above all and beyond all, the hygienic conditions stand out foremost; and if we exclude serious organic disease, nothing is so important as the sanitary arrangements. Sir James Y. Simpson showed that five times as many deaths occurred after amputations in large city hospitals as in private and country practice.

We will now discuss the indications for an amputation:

Aneurism.
Malignant disease.
Perforating ulcer of foot.
Uncontrollable hemorrhage (primary or secondary).
The operation of expediency in deformity, in tumors and tetanus.
A disease of the joint.
The moist variety of gangrene.
In certain compound fractures and dislocation.
Old sloughing and varicose ulcers.
Necrosis of bone.

These ten indications for amputations have thus been arranged in an acrostic, which will always enable the student or surgeon to have at his command the information.

REQUISITES OF A GOOD STUMP.

1. The bone must be amply covered.
2. The flaps must not be adherent to the bone nor exert pressure on traction upon the cicatrix.
3. The nerves must not be adherent to bone or cicatrix.
4. The nerves must be cut high enough so as not to be affected by pressure or by atmospheric changes.
5. The bone must be smooth and capable of bearing firm pressure upon it.

CHARACTERISTICS OF A BAD STUMP.

1. Necrosis at end of bone.	Sequestrum from injury to bone in sawing, by rough use of saw, by suppuration in bone, by injury to periosteum, by sawing without irrigation to prevent the saw from acting as an actual cautery.
2. Conical shaped stump.	Insufficient covering, spasmodic retraction of muscles, growth of bone.
3. Neuralgia of stump.	External pressure, local and constitutional causes, bulbous enlargement, adhesion to cicatrix.

We may now direct attention to a careful study of the technique of the operation in its present perfected state. For the purposes of description of an amputation in general the following points are to be considered in an amputation of the leg:

1. Preparation of patient.
2. Provision against hemorrhage before operation.
3. Formation of a suitable flap.
4. Section of the bone.
5. Provision against hemorrhage during operation.
6. Treatment of wound.

The preparation of the patient consists in a careful study of the patient's history, and also the special preparation of the member to be removed. Before the operation the heart and lungs should be examined, the urine analyzed, the general habits of the patient inquired into with reference to intemperance, and opium habit, or previous disease, and other points of interest which influence the treatment after operation, as well as the mortality. In other words, the surgeon should study thoroughly the individual upon whom he is to operate, and make himself complete master of the situation. The local attention to the part consists in thorough ablution, shaving, and free irrigation with carbolic acid or bichloride of mercury solution.

There is no real inconsistency between antiseptic surgery, as now understood, and treating a wound openly. A careful study of the principles of antiseptic surgery shows that both methods are in accord with its precepts, only that in the open method the wound heals by secondary union, and still the wound is aseptic. In the open method the stump is irrigated every few hours with carbolic acid solution. Balsam of Peru is used to stimulate the granulations, and in ten days the granulating surfaces upon the flaps are approximated, and healing takes place between these two granulating, instead of between two fresh, surfaces. In epidemics of diphtheria I have found the open method preferable, because a healthy granulation surface is a barrier to the entrance of septic poison.

In conclusion, endeavor to obtain primary union in all amputations by using every detail requisite to success. When the conditions are unfavorable, aim at secondary union by the open method. — *Dr. Dennis, in Jour. Am. Med. Assoc.*

COOK COUNTY HOSPITAL.

HOSPITAL NOTES.

[Gathered by the staff of *internes*, Homœopathic Department, Cook County Hospital, Chicago.]

A patient admitted with a sore on his lip, and a sore throat. Investigation proved the sore on the lip to be a hard chancre, contracted from smoking another man's pipe.

A case of alcoholic delirium; it was impossible to procure sleep by any of the usual methods — everything failed. Finally, upon bandaging the eyes, the patient fell into a quiet slumber, and slept till morning. This was repeated several nights in succession, and the man made a rapid recovery.

A case of cellulitis of the foot was admitted to the hospital with the foot done up in a cow-dung poultice!

A case of intermittent fever of seven weeks' standing; chill regularly every other night at 12 P. M. China tr. gtts. iii, four times a day, cured in a short time, with no recurrence of the chills to date.

Cold sponging for thirty minutes when the temperature reaches or exceeds 103° in typhoid fever reduces the temperature, induces quiet sleep, and is far more effective than any "antipyretic."

A negro in Ward 3 had a urethral fistula caused by his mother's tying a string around his penis to prevent him from wetting the bed!

An old man suffering from cor adiposum got hold of a jack-knife and cut his throat from ear to ear. It occurred at about four o'clock A. M., and as the night-nurse approached him he struck her in the mouth with the knife. The superior thyroid artery and the anterior jugular vein were the only vessels of importance injured, but the hemorrhage was excessive. The vessels were ligated, wound dressed antiseptically, and the man made a good recovery, notwithstanding the excessive loss of blood.

A case of eczema of three years' standing in a child three and one-half years old; Arsenicum and the following local application cured in about a week:

℞.

Olei Cadini ʒ j.
Vaseline ℥ j.

A two per cent solution of Carbolic acid will relieve itching of the skin in almost all cases.

A patient was admitted recently to gynecological ward. Inspection of the external genitals revealed nothing abnormal. Labia majora and minora were in normal condition. On separating them, however, two distinct vaginal orifices appeared. Digital examination showed two complete vaginæ lying parallel; the finger revealed in each a cervix somewhat smaller than a normal virginal cervix, the external os pointing in the proper direction. Sounds were passed through both cervical canals, the ends diverging as they entered the body of the womb. On rotating the sounds towards each other, they could in no place be brought in contact, indicating a complete uterus bicornis. The patient was a Scandinavian 21 years old, and had always menstruated regularly from the age of fourteen years.

Patient, a Bohemian, 44 years of age. Eight weeks before admission she was confined for the first time. On the second day after her parturition she began to notice that urine dribbled constantly from her vagina. Examination showed a deep bi-lateral laceration of the cervix through the cavity of which urine freely flowed. A sound passed through the urethra entered the body of the uterus just above the internal os, and appeared between the two cervical lips. The fistulous opening being very large, the lips of the cervix were thoroughly freshened by Dr. Streeter, and the opposing surfaces united by eleven deep silver sutures, entirely obliterating the cervical canal. Twelve days later the sutures were removed and union was found to be perfect. A few weeks later the patient was discharged in as good health as ever. Of course there will be bladder menstruation.

A man suffering from sub-acute proctitis, having from ten to twelve mucus stools a day, after being treated antipathically for six weeks without any improvement, was radically and permanently cured in less than a week by Phosphorus 3x.

A case of aneurisim of the external iliac artery admitted not long since, had been diagnosed as inguinal adenitis by a physician outside who wanted to lance it!

A patient recently informed the doctor that he had a "diurinal omission" almost every night!

NEWS FROM THE COLLEGES.

Boston.

UNIVERSITY SCHOOL OF MEDICINE.

During the summer vacation the physicians at the Consumptives' Home made extensive and complete experiments with the gaseous enemata treatment. As the results were to be material for an essay the experiments were conducted with great care. The conclusion of the whole matter is that the method is no good. Prof. Clapp would place the method in the list of remedies employed in treating diseases through the imagination, in other words, "mind cure."

Prof. Smith thinks the benefit derived from Aconite in febrile conditions is due to its physiological action, being a depressor of the circulation. Nevertheless he has used the drug with marked success in conditions of severe, prolonged chills, rigors, and collapse, which are truly similar.

Attention is called to the value of strong Ammonia applied locally in recent cases of septic wounds and bites, as from rabid dogs.

Malignant growths are considered by Dr. Bell as local manifestations of a constitutional dyscrasia. As a rule they appear in the offspring at an earlier age than they did in their parents.

In pneumonia, when the skin is dry with biting heat, Prof. C. Wesselhœft advises the application of a cold wet compress around the chest, from the axillæ to lowest part. The temperature of the compress should never be below that of spring-water. The first compress may be wrung out of hot water, and subsequent ones cooler till the above temperature is reached; renew every two or three hours. This may mark the turning point of the disease.

Prof. Walter Wesselhœft does not like the way women are usually treated after delivery. They are forced to remain in bed too long, and treated as if sick with something requiring the constant attention of a nurse. He considers this method as a common cause of debility. The labor through which the woman has passed is a physiological process, and nature has provided abundantly for the puerperal state. Foreign women bearing large families make good recoveries with less attention and in shorter time. The inferior

races and animals show us that the present method is overdoing the matter.

Recently at Murdock Hospital Dr. Packard has operated on two women with cancer of the cervix uteri. In both cases extirpation of the uterus through the vagina was accomplished. One survived the operation and recovery was rapid and uncomplicated. Fatal shock interfered with the recovery of the other. The doctor is a thorough believer in antiseptics.

The following is Doctor Coffin's method of treating scabies: At night take a hot bath all over for fifteen or twenty minutes, and with soft cloth and common brown soap scrub the whole body; wash off soap and dry. This is to remove all crusts and scales, that the ointment may penetrate the lesions. Now use Sulphur ointment made of equal parts of the officinal ointment and Vaseline; rub it in well over the lesions, and, if numerous, anoint the whole body except the face. Put on the same under-clothing and socks worn during the day; this protects the bed, and will destroy the acarus in the clothing by bringing it in contact with the ointment on the body. Re-anoint the body the second night — no bath. Third night, ditto. Fourth night a hot bath, and if skin is irritated apply soothing lotion. This usually "fixes the varmints" and brings immediate relief.

Philadelphia.

HAHNEMANN MEDICAL COLLEGE.

In a recent lecture Prof. Goodno called attention to the effects of altitude on epilepsy; advises altitude of from seven to ten thousand feet above level of sea, as in New Mexico, *e.g.* He has one patient at the present time who gives proof of the value of this advice for said patient cannot remain on low land for forty-eight hours without suffering from an epileptic attack. He is perfectly free from the affection after leaving the low country.

Dr. Snader, our demonstrater of physical diagnosis, has shaken our belief, somewhat, in the claim that Austin Flint makes relative to valvular disease of the heart giving immunity from phthisis, for in his dispensary work, for the last two years, he has found seven cases of valvular disease in patients suffering from active phthisis.

Prof. Mohr had a patient with a lump in left breast, which he cured with Apis. Later she developed an ulcer on the leg, which he likewise cured with Apis. Next she had a most exhausting attack of metrorrhagia, in which her life seemed to be saved by Apis. Her next affection, years after, was shingles, which gave her the greatest distress, and this in turn was cured by Apis. Moral — learn to get more out of your old and much-used remedies.

Chicago.

HAHNEMANN MEDICAL COLLEGE.

Prof. Watry says: In cases of persistent headache, when there is no apparent cause, it is well to test sight for myopia or hypermetropia, as one of these is frequently the cause.

Prof. Vilas says: One-half the cases of blindness come from some form of conjunctivitis. The reason for this is that the treatment for this trouble is not well understood by general practitioners. He assured the class that there was no need for this, as the treatment is very successful when the cases are well understood, and he urged the students to pay more attention to this trouble than is generally done.

Prof. Ludlam cleans the sponges he uses in abdominal surgery, as follows: Shake well, to remove all dust and dirt; soak thoroughly in hot water (don't boil); next, soak for five minutes in a solution of Permanganate of potash, and then in a solution of Hyposulphite of soda for two days. They are then deposited in Carbolic acid water until wanted for use. He also advises to use the scissors for cutting tissues whenever possible, as the hemorrhage is less than when using the knife. He also says: In acute flexion of uterus, pass sound in and let it remain five minutes; the contractions of the uterus induced by the presence of a foreign body in the cavity will tend to straighten the organ. A uterine stem can be introduced to keep the organ in proper shape.

Dr. Bailey says it is a fact not generally known, that most of the diseases peculiar to women begin outside the uterus, one-third beginning in the bladder and rectum. He also strongly advises, in treating cases of amenorrhœa *not* to use remedies to force the menses to appear. As menstruation is a physiological act, look for cause of trouble, remove that and your patient is cured. If, on

the other hand, the menses had been forced to appear by some of the remedies that have that power (of which there are not a few), the cause would have remained just the same, and no real cure have taken place, and in many cases *great* harm may be done.

Prof. Leavitt says he never had an abscess as result of hypodermic injection of Ergot, or any other drug. His method of using hypodermic syringe is to hold the instrument at right angle to integument where he introduces it, and force the point deep into areolar tissue. The great trouble in using the hypodermic syringe for any injection is that the needle is only pierced into, or only through the skin. *Force the point of the needle through the skin and into the tissues beneath, but not into the muscular tissue*, and there will be no danger of an abscess forming. He also says: after parturition, in *most* cases, where any portion of placenta remains in the uterus, blood flows in gushes. As soon as the placental portions are removed (and they should be looked after at once), the hemorrhage ceases.

St. Louis.

HOMŒOPATHIC MEDICAL COLLEGE.

Prof. Kent says that the administration of Hepar s. or Calcarea carb., as indicated, will cure cases of superficial abscess, such as mammary abscess, and felon on the finger. That where it has gone too far for resolution to take place, the remedy will cause the abscess to point, without the application of a poultice. That if a poultice is used, it may even delay the action of the remedy. Also that fistula-in-ano has been cured by Silicea, when homœopathically indicated, without the use of the knife. If the patient is of a tubercular diathesis, an operation that will close up an opening, and cause the stoppage of a chronic discharge, as from a fistula-in-ano, may cause the development of tuberculosis. That one should always avoid closing up an opening from which there is a chronic discharge, but should trust to the carefully selected homœopathic remedy.

Prof. Goodman says that in case of remittent fevers, in addition to the homœopathic remedy, he has used, with great benefit, the wet pack. He places a quilt on the bed, then a woollen blanket upon this, then a sheet soaked with water at about 60° F. The patient is then stripped, and placed on the wet sheet, which is then wrapped about him up to his neck, and the ends turned up over his feet, and he is then rolled up in the blanket and quilt. He says, keep the patient in this until he has perspired freely, say, for a couple of hours. If he falls asleep, it is better not to wake him, to take the pack off, but to let him have his sleep out.

Chicago.

CHICAGO HOMŒOPATHIC MEDICAL COLLEGE.

Prof. Streeter does not recommend the use of anteflexion pessaries, and says all that is usually needed is moderate dilatation of the cervix.

For local treatment of pruritus pudendi use Carbolic acid, 5 per cent solution, to cleanse the parts; after drying, apply Calomel, first or second trituration.

Use no ointment, except in cases caused by diabetes mellitus, when the labia should be coated with mutton-tallow.

Prof. Mitchell says: Only one patient out of ten, suffering with cardiac disease, has pain; nine-tenths of cardiac pain is due to indigestion, intercostal neuralgia or splenic disease; only one-tenth from organic trouble.

Prof. Pratt recommends the hot springs of the Black Hills, Dak., as the best resort for syphilitics.

The best injections for gonorrhœa are: 1. mild warm water, not hot, with a little Pond's extract or Boracic acid — as discharge increases, use warmer water; 2. two or three grains of Tannic acid to an ounce of water; 3. Chloride of zinc, one grain to the ounce; 4. dissolve as small a piece of Lunar caustic as you can cut off, in a two-drachm vial of water; use two or three drops to four ounces of water.

Cantharis will usually control the smarting, burning, cutting pain. For the chordee give drop doses of tincture of Gelsemium every two hours.

Prof. Foster says: By dilating the external os continued vomiting of pregnancy may sometimes be stopped. Use sponge-tent, cut one inch long. Dilate the external os all you please, but do not disturb the internal os.

Prof. Tooker says: Do not let your babies take arrow-root.

Formula for emulsion to be used in marasmus, rachitis, etc.: Into the juice of three or

four lemons put two clean, fresh-laid hen's eggs. Let them remain twenty-four hours, occasionally stirring. At the end of this time the shells will be dissolved; then add a half pint of cod-liver oil and an equal amount of sherry-wine. Flavor with wintergreen or sassafrass. Better than any emulsion you can buy at the drug-store.

The gum of a child should be lanced for the purpose of relieving the tension of the gum over the tooth, and consequent pressure on the dental nerve below the tooth. If the tooth does not erupt immediately, no harm can result from formation of cicatricial tissue, for mucous membrane *does not scar.*

The following are the internal remedies most commonly used by Prof. Delamater in the treatment of anterior-polio-myelitis acuta: Strychnia, 12x; Argentum chlo., 3x; Gels., 30x; Santonine, 3x.

Iowa City.

STATE UNIVERSITY.

Prof. Cowperthwaite advises an injection of Hamamelis in cases of hemorrhage from the urethra in "old sinners" who have suffered often from gonorrhœa.

Phosphorus is a remedy of the highest importance in cholerine.

A case of caries of the humerus, of long standing, was cured by Sepia 200x in three months.

Prof. Dickinson strongly advocates not to alternate remedies. But as there is no rule without an exception, give Arsen. 6x and Aconite 3x in *alternation* for facial neuralgia. *It is almost a specific.*

Prof. Gilchrist recommends card-board as the best material for splints. It should be soaked in water till it becomes pliable and then fitted to the part. Use no patent splints.

In ordinary fracture, more or less transverse, the opposing muscles will hold the parts in place; if the tendency is not to remain in place the fracture is not properly reduced.

There is a certain stage in the development of all tumors when they can be cured by medication, but the only safe treatment is their removal, as early as possible, as a benign growth may at any time develop into a malignant one and the patient's life be endangered.

Ann Arbor.

UNIVERSITY OF MICHIGAN.

Prof. Sterling says: The dry treatment is the best for suppurative conditions of the ear. In all inflammatory diseases of the ear, you can set it down as a safe rule, *don't use the syringe.* The exceptions under this rule are very rare.

In impactions of foreign bodies in the ear don't use anything but the syringe.

Prof. Obetz says: In all cases of fracture of the elbow remember the "carrying function" of the arm, and that the arm is not normally straight. Dress the arm extended always; for that is the best position for giving it physiological rest.

Prof. Arndt says: It is not wholly true that Belladonna is a right-sided remedy in throat troubles.

If only one side is affected it is the left (under Bell.), but if both sides are affected the right is the worst.

The rule which Hahnemann urged, to the effect that Opium should never be used in physiological doses for the relief of pain, may reasonably be found to have two exceptions, first: when it is clearly seen that death is inevitable; second, when the agony is so intense that the pain itself is likely to produce more dangerous symptoms than already exist and the physician can honestly conclude that the rest, brought about by the exhibition of Opium, will aid in a more speedy cure. If you ever should come to such a conclusion don't be so silly as to attempt a compromise by giving infinitesimal doses of the drug; give $\frac{1}{8}$ of a grain. Do not try to conceal the fact of your having used the drug either; do it openly and above board, and for a reason.

Cincinnati.

PULTE MEDICAL COLLEGE.

Prof. Lounsbury says that he has found Asafœtida of service in cases of flatulent colic with abdominal pulsations, constant belching of gas *day and night, giving no relief.* He also has used it with satisfaction in convulsions in children, especially during teething; convulsions not severe but of frequent recurrence. "Don't be afraid to give a good dose." The Prof. expresses surprise that Acetic acid is so seldom used in croup Its pathogenesis indicates it as a valuable remedy in this affection.

Prof. Pauly has had some fine cases of rectal disease this fall, and has treated them with satisfaction both to himself and to the patients. The Prof. follows Pratt's system of orificial surgery, and is meeting with quite marked success. He reports that in hemorrhoidal cases, with *obstinate constipation*, Iris vers. has been of much service to him.

Prof. Porter in a recent lecture on local treatment, made the following statements: On the subject of local treatment of organic disease of the uterus there is no doubt less harmony of thought and opinion in the practice of gynecology than of the treatment of disease of any other part of the body. Owing to the intimate relation existing between disease found in the pelvis and general functional disturbance, there must necessarily exist more or less confusion of ideas regarding the subject of local treatment, as they are under the control of constitutional medication. To establish therefore, a rational system of topical treatment to the uterus, there must be a clear comprehension of the precise nature of the malady, and a judicious application of the agent employed. There is no practice so susceptible to charlatanism, so open to undue pretensions on the part of the practitioner, as a gynecological practice.

San Francisco.

HAHNEMANN MEDICAL COLLEGE.

The fourth annual commencement of the Hahnemann Medical College, of San Francisco, took place Nov. 9, 1887, at Odd Fellows' Hall.

The exercises, which were of unusual excellence, consisted of addresses varied by musical selections by Brandt's orchestra.

Prof. C. L. Tisdale spoke to the graduates in behalf of the faculty and bade them God speed in their careers. The address of the evening was delivered by Rev. C. D. Barrows, D.D., and was most eloquent and impressive.

The graduates were: Anna Harris Barnes, John D. Chaffee, Horace Tennent Dodge, Carl Gustav Fechtner, Alphonse Denis Fouchy, Ernest Hermann Mattner, Florence N. Saltonstall.

When the graduating exercises were concluded, the faculty and graduates partook of a banquet at the Maison Dorée. Adley H. Cummins, Professor of Medical Jurisprudence, presided. Toasts, speeches and congratulations were the order of the evening.

MISCELLANY.

The index for Vol. IV. and Vol. V. of The Medical Era will be found in this number. It is intended that they shall be bound together.

An *early* response from those who have received bills from The Medical Era is hereby requested. *All arrearages are going to be collected!*

The Archives of Pediatrics (J. B. Lippencott & Co.) will contain a series of articles from the pen of A. Jacobi, M. D., on the therapeutics of infancy and childhood.

"Tarpeia," a legend of ancient Rome, by Louise Imogen Guiney, in the Christmas *Scribner's*, will contain a striking full-page engraving after a drawing by Howard Pyle.

The *Illustrated London News* contains spirited illustrations of contemporaneous scenes and events in all parts of the world. The American edition reprint is furnished by the publishers, Potter Building, New York.

Attention is called to the advertisement of *The Medical Counselor*, the best and most reliable journal published in the state of Michigan. Send for a sample copy. It is ably edited, and the newsiest journal in the West.

A Subscriber who has taken this journal for several years, writes from his new home in California:

"I am not in the practice of medicine, and probably will remain out of it, but I cannot get along without that invaluable journal, The Medical Era. Please send it another year."

"Coca" has maintained its reputation as a powerful nerve stimulant, being used with good results in nervous debility, opium- and alcohol-habit, etc. The highly variable character of the commercial drug makes it uncertain however. Robinson's Wine of Coca we believe to be a uniformly active article, it being prepared from assayed leaves, the percentage of Cocaine being always determined by careful *assay*.

The following named homœopathic physicians were active members of the recent session of the American Public Health Association held at Memphis:

E. W. Jones, M. D., member of the State Board of Health of Massachusetts.

J. N. Taylor, M. D., member of the State Board of Health, of Indiana.

Robert Martin, M. D., Commissioner of Health, Milwaukee, Wis.

L. A. Falligant, M. D., ex-member Board of Experts of the Congressional Yellow Fever Commission, 1878–79.

To the Editor of The Medical Era:—

My prescription for the Fancy Gap, Virginia, case, would be as follows: Let her take an alcohol sweat-bath for fifteen minutes every night, followed by a good rubbing all over the body for twelve successive nights; take equal parts of Glycerine and non-alcoholic fluid of Calendula, make a medium size cotton tampon with thread attached, saturate the same, use speculum, and put the tampon in the vagina; when removed inject one gallon of hot water 105° to 110° F. just before the patient retires at night. Repeat this treatment every other day for two weeks; after that once a week for one month.

Give the following internal remedies: Belladonna tincture, one drop in water, three times a day, one hour after each meal. Muriatic acid 2x solution, give fifteen drops in an ounce of water before each meal; Pulsatilla 2 to 3x several times a day would also be of value.

A. E. Neumeister, M. D.

Kansas City, Mo.

Vol. I., No. I.—These ominous words are found on the cover of a new journal which has come to us, bearing the title, "The Waif. A Practical Medical Journal Devoted to Diseases of Children, Women, Rectum and Anus."

The man who could give a journal such a title as this should have the words branded in his forehead, and burned in his back.

Subscribers who have received bills are invited to remit before Dec. 15th. The best way to send small amounts is by postal-notes, or American Express orders, which cost you only 3 cents, while it costs us 25 cents to cash your personal checks.

ANNOUNCEMENTS.

Southern Homœopathic Medical Association.

The Southern Homœopathic Medical Association will hold its 4th annual meeting in New Orleans, December 14, 15, 16, 1887.

There is a prospect that it will be the largest and most interesting meeting ever held South.

When we remember that out of 12,000 homœopathic physicians in the United States only about 400 are located in the South, we must realize the necessity of strengthening our organization.

At our coming meeting numerous able papers will be read; distinguished brethren from different states will participate. Try and come and greet them and listen to what they have to say, and tell us what the varied experience of a busy practitioner has brought to you since last we met.

C. R. Mayer, M. D., *Cor. Sec'y.*
C. Gurnee Fellows, M. D., *Rec. Secy.*

OFFICERS.

President, Joseph Jones, M. D., San Antonio, Texas.

First Vice-President, Walter M. Dake, M. D., Nashville, Tenn.

Second Vice-President, E. A. Murphy, M. D., New Orleans, La.

Recording Secretary, C. Gurnee Fellows, M. D., New Orleans, La.

Corresponding Secretary, C. R. Mayer, M. D., St. Martinsville, La.

Treasurer, J. G. Belden, M. D., New Orleans, La.

Bureau of Gynecology of the American Institute of Homœopathy.

The Chairman of the Bureau of Gynecology, for 1888, has selected, as the general subject for discussion, Uterine Therapeutics.

The following are the special subjects, with the names of those members to whom has been assigned the duty of preparing reports, and of those who are to discuss them.

I. CHANGES IN FORM AND POSITION OF THE UTERUS.

(*a.*) Pathological Indications: To report — Dr. O. S. Runnells, Indianapolis. To discuss — Dr. L. L. Danforth, New York.

(*b.*) Symptomatic Indications: To report — Dr. C. B. Kinyon, Rock Island. To discuss — Dr. L. A. Phillips, Boston.

II. NEOPLASMS OF THE UTERUS.

(*a.*) Pathological Indications: To report — Dr. T. G. Comstock, St. Louis. To discuss — Dr. R. Ludlam, Chicago.

(*b.*) Symptomatic indications: To report — Dr. S. P. Hedges, Chicago. To discuss.— Dr. A. Claypool, Toledo.

III. NUTRITIVE DISTURBANCES.

(*a.*) Pathological indications: To report — Dr. E. M. Hale, Chicago. To discuss — Dr. Philip Porter, Detroit.

(*b.*) Symptomatic Indications: To report — Dr. B. F. Betts, Philadelphia. To discuss — Dr. N. Schneider, Cleveland.

Each writer must furnish the Secretary of the Bureau, one month before the opening of the Institute, an abstract of his paper, whether it be read or not. This is in compliance with a standing resolution of the Institute.

As the subject selected must prove of great interest to the profession, and will, no doubt, meet with a hearty reception from the Institute, you are especially requested to assist the Bureau by presenting as complete a paper as possible. Any additional information regarding the work of the Bureau may be obtained through the Secretary.

The Chairman, recognizing the importance of a thorough and comprehensive discussion of the various papers presented, trusts you will be sufficiently interested in the report to give your personal experience in this department.

Other members of the Institute, especially interested in these subjects, are invited to come prepared to discuss them.

Respectfully yours,

EDWIN M. HALE, M.D.,
Secretary.

THE Alumni Association of the Chicago Homœopathic Medical College announce the following series of lectures, to be given under its auspices:

Nov. 12, 1887.—"The Brain, the Organ of Mind," by A. C. Cowperthwaite, M. D., of Iowa City.

Dec. 10, 1887.—"Meddlesome Midwifery," by R. N. Foster, M. D., of Chicago.

Jan. 14, 1888.—"Medical Ethics," by J. W. Streeter, M. D., of Chicago.

BOOK REVIEWS.

ANATOMY, DESCRIPTIVE AND SURGICAL. By Henry Gray, F.R.S., Fellow of the Royal College of Surgeons, etc. The Drawings by H. V. Carter, M.D., Late Demonstrator of Anatomy at St. George's Hospital. A New American from the Eleventh English Edition. Thoroughly revised and re-edited with additions by William W. Keen, M. D., Professor of Surgery in the Woman's Medical College, of Pennsylvania. To which is added Landmarks, Medical and Surgical, By Luther Holden, F. R. C. S., Philadelphia: Lea Brothers & Co. 1887.

Thus have Gray and Carter, with Pick, Keen and Holden, by their combined efforts, produced another edition of that most excellent work, Gray's Anatomy, Descriptive and Surgical.

But there are new features in this edition which distinguish it from all which have preceded. Every plate in which there are arteries, veins or nerves to be represented, is colored. The arteries are red, the veins blue, and the nerves yellow. This is a great aid to the eye, and every aid to the eye is an aid to the memory.

But this is not all. A great many new plates have been introduced — in all, one hundred and thirteen. Among these are, a series of sections through important joints; a series of frozen sections through the trunk, the extremities, and the female pelvis. Histology, also, has received increased attention. Again, there is a series of illustrations to illustrate cerebral localization and topography; a number of cuts to elucidate the anatomy of the cerebrum; two showing the sympathetic nerve, and others illustrating the peritoneum, the muscularis mucosæ, the female perineum, and the genito-urinary organs of both sexes.

But, even with this enumeration the half is not told. Anatomy is the geography of the animal body, and one would suppose that it had been brought to some degree of perfection in former editions of this standard work, but this, the eleventh edition, shows that it is, after all, possible to paint the lily and gild refined gold.

HUMANITY; A VISION — A REALITY. A Poem. By Wm. Tod Helmuth. Illustrated. New York: E. P. Dutton & Co. 1887.

Twas eve in Pisa;
The lovely haze of an Italian sky—
Known to no other clime—
Was drooping soft
Upon the distant hills whose purple crests
Rose clearly on the azure horizon.

With these graceful lines the poem opens, Then the author tells of a vision which came to him as, dreamily, he wandered in the Campo Santo, in the old Italian city. Before the bowed and silent worshippers St. Luke appears, with radiant face and haloed head. Stretching forth his hand he tells to listening ears the story of the true physician,

"Of him who tends the suffering of his race,"
Whose first grand attribute
"Must be that large *Humanity* which holds
"Within itself enduring faith and love."

Then comes a sterner tale, a *Reality*, in which, on a bloody field, the dead and dying lie. A wounded soldier, moaning in pain, is saved by one from whom, in earlier life, he had in anger parted. The surgeon who ties the bleeding vessel is himself wounded unto death, but devotes the last effort of his waning strength to the good of him who, long years before, had deeply wronged him, and thus makes real the blessing and the prayer of St. Luke, "the loved physician."

Dr. Helmuth has thus entwined in verse a story with a moral which, while it should adorn all mankind, seems to belong peculiarly to the physician, to him who, with even hand, and at every personal sacrifice, is called to minister to all who suffer.

The dainty volume will be read with pleasure by all lovers of poesy, and especially by the many friends and admirers of him who may be called the poet laureate of our school.

THE LAWS OF HEREDITY. By Geo. Williamson, M.D. Showing the Laws of Appetites, Passions, Traits, Characteristics, Physical Deficiencies, Deformities, etc. Chicago: H. W. Palmer, 1887.

Dr. Williamson treats his subject from the standpoint of the materialist, using the term in its best sense. The tendency of the race is expressed in its progeny. Each generation represents the cumulative effects of the predominent forces of the generation preceding. It is through the physical being that the influence is exerted. He recognizes the interdependence of matter and mind; a deformed spirit is but the expression of deformity of body, which is an inheritance.

We think that Dr. Williamson has made out his case. It is a strong argument, amounting almost to a demonstration, and told in an entertaining style which both interests and convinces. No physician who buys this book and reads it, will have cause to regret it. We can heartily recommend it.

PERSONALS.

Dr. Van Pearman, of St. Louis, has located at 601 W. Monroe St. He succeeds to the practice of the late Dr. Newman.

Cards are out which read: J. B. Dunham, M. D., Mary B. Coan. Married, Wednesday, November 16th, Lacon, Illinois, and congratulations are now in order.

Dr. Kate Kelsey, of Menominee, Wis., has been elected to the office of City Physician and Health Officer, a position which she fills with great credit to the profession.

Dr. Lucy Waite and Dr. Clara W. Peaslee have opened the Chicago Gynecological Institute, for the treatment of the medical and surgical diseases of women, at 5306 Jefferson Avenue.

Dr. O. S. Runnel's address, "The Social Substratum," has been published in pamphlet form. Copies can be obtained at 5 cts. each by applying to Gross & Delbridge, 48 Madison St., Chicago.

Prof. J. S. Mitchell, M. D., delivered the third annual lecture before the Alumni Association of the New York Homœopathic Medical College, Wednesday evening, Nov. 30th, in the room of the Ophthalmic Hospital, 23d Street, corner of Third Av., New York. His subject was, "The Relation of Homœopathy to Malignant Diseases."

DOCTOR: — You have received a bill for the amount of your subscription to THE MEDICAL ERA. We prefer that you should remit, but if we do not hear from you we shall draw through the bank. If you find any error in the bill, there is the greater reason why you should write at once, in order that the proper correction may be made.

THEY SAY

THAT the diphthongs must go.

THAT soda-water contains no soda.

THAT Bismarck has the rheumatism.

THAT singers should not use tobacco.

THAT specialists are a necessary evil.

THAT malaria is not a climatic disease.

THAT sugar-of-lead is destitute of sugar.

THAT scarlet fever is epidemic in London.

THAT watermelons do not grow in the water.

THAT antiseptic duels are coming into fashion.

THAT sex does not figure in the etiology of ear diseases.

THAT the causes of malaria are within the control of man.

THAT man acquires many diseases from the lower animals.

THAT preconceived opinions often stand in the way of new truths.

THAT in ear diseases people of nervous temperament predominate.

THAT forceps have value in proportion to the skill of the operator.

THAT the children of the Prince of Wales have just had the measles.

THAT a man has more pockets about him than those in his trousers.

THAT all substances in solution are speedily absorbed by the rectum.

THAT the world increases in population at the rate of 1,200,000 per year.

THAT tonsillotomy is not free from the possibility of fatal accidents.

THAT prepared foods for infants are now called "drug-store cows."

THAT there is lots of waste land in America, but no room for Anarchists.

THAT the death rate of the world is 67 a minute, and the birth rate 70.

THAT chronic alcoholism is accompanied by profound changes in the nerves.

THAT muriate of cocaine has been successfully used for the cure of nymphomania.

THAT forceps should be made of very smooth metal, so as to be made easily aseptic.

THAT forceps should lock easily, and yet allow slight longitudinal rotation of each blade.

THAT milk should always be tested with litmus paper before being fed to infants.

THAT there is no change in the righteous man's heart, and very little in his pocket.

THAT in penetrating wound of a joint, amputation should be made only as the *dernier ressort*.

THAT some men would think they were cheated if they had the mumps lighter than their neighbors.

THAT among 263 cases of gunshot fracture, treated consecutively, false joint occurred but once.

THAT the uterus contracts at intervals of from five to twenty minutes during the whole of pregnancy.

THAT there is no good reason why cousins should not intermarry, providing both are healthy.

THAT when you have the rheumatism, if you put your leg through the window the pane will be gone.

THAT the contractions of the uterus have the physiological use of emptying the uterine veins of carbonized blood.

THAT a western doctor takes a reef in the mesentery by giving lycopodium thirtieth! Will wonders never cease?

THAT there are 7,000,000 pores in the skin of the human body, and yet people wonder why some men are such sponges.

THAT the drainage of the Roman marshes has reduced the death-rate of the Italian army to one-third of its former magnitude.

THAT the owners of a spring at Saratoga advertise that the water contains nascent ammonium carbonicum, in dilute solution!

THAT a man's brain becomes smaller as he grows older. This probably explains—— Well, we have forgotten what it does explain.

THAT in opium countries it is not rare to meet with animals that have acquired the opium habit, dogs, cats and monkeys having become *habitués*.

THAT there is a family in Chicago one member of which has never been out of the room in which he was born. It is a three days' old baby.

THAT the remote causes of summer diarrhœa in children are many, including heat, mode of feeding, surroundings, dentition, and many other factors.

THAT there is much sentimentalism with reference to the value of the life of the child in utero, as compared with the value of the life of the mother.

THAT a wooden case containing a complete set of surgical instruments, some of which resemble those of the present day, has been dug up at Pompeii.

THAT bootblacks in hotels become expert in recognizing diabetics by the white stains on their shoes and clothing caused by stains from their urine.

THAT the Czar of Russia is slowly recovering from the measles; Prince Bismarck has the rheumatism; Emperor William of Germany is dying of old age; the Crown Prince has cancer of the larynx; the King of Holland is nearing his end; the King of Bavaria is not expected to live many more days; the Sultan of Turkey is laboring under a severe neurasthenia; the Emperor of Brazil has diabetes in an advanced stage; but Grover Cleveland is in an excellent state of health. And so is J. B.

THAT this is the last word we shall say to you this year.

NB 48c